

# **Developmental Disabilities Five-Year Strategic Plan**

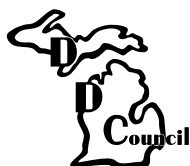
Fiscal Years 2007 - 2011

Prepared and submitted by

**Michigan Developmental Disabilities Council**

in consultation with

**Michigan Department of Community Health**  
the designated state agency



*MDCH is an equal opportunity employer, services and programs provider.*

This document is authorized by Public Law 106-402 of 2000, the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000. In 2000, the DD Act brought \$2.2 million into Michigan for programs and services for people with disabilities.

**DEFINITION OF DEVELOPMENTAL DISABILITIES AND IMPACT**

## ***General Statement***

It is the position of the Michigan Developmental Disabilities Council that disability is a part of the human experience. People with disabilities have specific rights as well as responsibilities. Disability is an ongoing factor in people's lives, occurring at any age, and on a temporary or permanent basis. Fundamental concepts regarding the rights of individuals with disabilities, and indeed for all individuals, include: self-determination, independent living, and the opportunity to be fully included in the social, educational, political, economic, and cultural mainstream of American society.

People with disabilities and their families are capable and creative and must have key decision-making roles in policies, programs, and services that affect their lives. The supports that enable persons with disabilities and their families to enjoy full participation in their community must be provided with respect for individual dignity, personal goals, preferences, and cultural differences. It is imperative that the persons providing supports are knowledgeable in the principles of inclusion, both personal and community, and that they apply this knowledge throughout all environments.

People with disabilities may choose to have relationships, enjoy the opportunity to live independently, enjoy self-determination, contribute to society, and experience full integration and inclusion in the economic, political, social, cultural, and educational mainstream of American society. These choices must be honored. Persons with developmental disabilities and their families should be part of the public policy formation. Our mission is to ensure that true choices exist, that barriers to full inclusion are eliminated, and that people with disabilities and their families have accurate and complete information regarding the services and supports they desire and need.

The challenge is for all communities to accept and celebrate the diversity of their members, for this diversity adds a richness and fullness to their makeup. In this ever-changing global community, all community members must learn to live with and respect each other's individual differences and rights. Community support and involvement of all of its members are essential for full participation and acceptance in our society. The Michigan Developmental Disabilities Council will embrace this position in all of its advocacy initiatives, its internal operation, and in the development and implementation of its grants program.

## ***State's Application of Federal Definition***

Developmental disabilities are severe, chronic impairments that occur at an early age, usually in the developmental stages of life. They have an impact on an individual's functional ability to perform major life activities. They are likely to continue indefinitely and require the individual to acquire regular, ongoing services. The Administration on Developmental Disabilities operates under a federal definition cited in the DD Act. Previously, the Michigan Mental Health Code, written in 1974, defined developmental disability in diagnostic terms, as a criterion for eligibility for state-funded mental health services. Amendments by Act 290 of 1995 became effective on March 28, 1996. Although not verbatim to the federal definition, the functional definition adopted provides a parallel definition for service delivery.

### ***Federal Definition of Developmental Disability***

Public Law 106-402 of 2000, the Developmental Disabilities Assistance and Bill of Rights Act, defines "developmental disability":

The term developmental disability means a severe, chronic disability of a person that:

1. is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. is manifested before the person attains age 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; and
5. reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

### ***Michigan's Definition of Developmental Disabilities***

Public Act 258 of 1974, the Michigan Mental Health Code, amended in 1987, and amended most recently in 1995, defines "developmental disability" as criteria for service eligibility from the state mental health system:

Developmental disability means either of the following:

(a) If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:

- (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
- (ii) Is manifested before the individual is 22 years old.
- (iii) Is likely to continue indefinitely.
- (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:
  - (A) Self-care.
  - (B) Receptive and expressive language.
  - (C) Learning.
  - (D) Mobility.
  - (E) Self-direction.
  - (F) Capacity for independent living.
  - (G) Economic self-sufficiency.

(v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(b) If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

## *State Prevalence of Developmental Disabilities*

### *Data Studies*

The Administration on Developmental Disabilities supported research to determine the estimated number of persons having a developmental disability. Each research project established or reaffirmed a formula to determine estimates. In the 2007-2011 Michigan Developmental Disabilities State Plan, we used a formula, provided by the Administration on Developmental Disabilities, to estimate 182,175, or 1.8 percent of Michigan's 10,120,860 citizens, have developmental disabilities.

Other population research and information considered:

- 1979 research by Gollay that estimates that of all persons with disabilities, 8.6 percent are persons with developmental disabilities;
- 1981 research by Boggs & Henney that estimates 1.57 percent of the population are persons with developmental disabilities; and
- 1986 research by Kiernan and Bruininks that confirms and supports Gollay's 1979 instrument and estimates 1.6 percent of the population are persons with developmental disabilities.
- the 2000 U.S. Census indicates 18.7 percent of Michigan residents five years and older have a disability.
- census data from 2000 shows 677,661 Michigan residents age 16 - 64 with a self-identified work disability. The Census reported 119,393 persons age 16 or older with a self-care limitation in Michigan.

## **DD PROGRAM ORGANIZATION AND ROLE**

### ***State Planning Council***

Michigan Developmental Disabilities Council functions under the authority of Public Law 106-402, the *Developmental Disabilities Assistance and Bill of Rights Act of 2000, as amended*, and Michigan's Executive Order 2006-12, which establishes the council and names the Department of Community Health as the designated state agency for the Developmental Disabilities Basic State Grant Program. In Executive Order 2006-12, the Governor directs:

*The council shall advocate for persons with developmental disabilities by advising the Governor's office and the departments of state government of the needs of persons with developmental disabilities. The council shall develop and recommend coordinated policy for persons described by the federal definition of developmental disabilities. The council may enter into agreements with state agencies and other providers of service for disabled persons. The council shall plan for the use of the federal funds available under the basic state grant portion of the DD Act to improve the capacity of Michigan's service delivery network on behalf of persons with developmental disabilities. The council shall fulfill the functions and responsibilities provided in the Federal DD Act and other responsibilities determined by the Governor which are consistent with the DD Act.*

The Governor appoints Michigan Developmental Disabilities Council members for two- year terms. The Governor also appoints the chairperson and the vice-chairperson. The council organizes and supports committees and work groups as needed to carry out its responsibilities. Currently, council committees include the executive, public policy, program and multicultural committees. The council has established family support, education, transportation, health and housing work groups.

The full council meets regularly throughout the year. The chairperson determines times and location of meetings. Committees and work group chairs determine their own schedules. Notice and conduct of meetings are in accordance with Public Act 268 of 1976, the Michigan Open Meetings Act. Council administrative direction and staff management comes from:

Chairperson  
Todd A. Koopmans  
Fremont, MI

Executive Director  
Vendela M. Collins  
Lansing, MI

## ***Role of the Developmental Disabilities Planning Council***

As an advocate for systems of change, the council defines its role threefold:

- To advise the Governor and state agencies on the needs and wants of people with disabilities, and how state policy impacts on their lives.
- To advise state agencies and others to establish policy and practice that will improve services and supports available to people who meet the federal definition of developmental disabilities.
- To build capacity of the public and private sectors to enable provision of services and supports needed by people with disabilities.

From its location within state government, the council's major responsibility is to act as a systems change agent. The specific activities to be carried out by the council to accomplish these changes are set out in the state plan. This plan can be viewed as both a compliance document and as one which shapes, guides, describes and sets the framework for council activities in support of its priorities. With statewide forums held around Michigan in 2004, and information gathered from consumer focus groups as part of the overall council evaluation, the council constructed a state plan based on the expressed needs of people with disabilities, their families and professionals. The plan is developed and implemented to respond to these needs.

A major responsibility of the council is to be an innovator in disability policy and practice in Michigan. Much progress occurs through the grant program to plan, implement and monitor innovative projects, studies and evaluations. It is in this capacity that the Michigan council has been particularly successful in effecting permanent changes in the way services and supports are provided to people with disabilities and their families. It is through innovation that the council maintains a leadership role in the Michigan disability community.

Based on the identified needs of people with disabilities, the council continues to formulate an effective advocacy agenda as a major tool in implementing the state plan. Because it is within the state system and also maintains operational autonomy, the council is in a position to serve as an important link encouraging cooperation between state and human services agencies and the advocacy community, including people with disabilities and their families. Results include policies and programs for community-based supports required for independent living.

The council uses a variety of structures to implement the state plan, including: Policy study work groups on targeted issues; a system of Regional Interagency Consumer Committees (RICCs) that insures local activity coordination to meet plan goals; council-sponsored standing committees to direct and oversee staff activities; and direct member participation in these and other groups. Other groups currently include the Family Support Work Group, Transportation Work Group, Education Work Group, Housing Work Group and Health Issues Work Group.

### ***Designated State Agency***

Michigan's Executive Order 2006-12, establishes the council and names Michigan Department of Community Health as designated state agency for the Developmental Disabilities Basic State Grant Program. The council's organizational relationship to the designated state agency is graphically highlighted in this plan. The DSA administrator is:

Janet Olszewski, Director  
Michigan Department of Community Health  
Capitol View Building  
Lansing, Michigan 48913  
Telephone area code 517-241-7135 voice

### ***Role of Designated State Agency vis-à-vis State Planning Council***

Michigan's Governor specified Michigan Department of Community Health as the designated state agency for the Michigan Developmental Disabilities Council. The department is fiduciary of federal funds and carries out specified functions for the council including accounting, personnel, auditing, financial record keeping and purchasing.

The designated state agency's Chief Operating Officer provides administrative supervision of the council's executive director. The council provides policy direction for activities. The chair has a direct relationship to the director of the designated state agency and to the Governor and staff as indicated on the organizational chart. In Michigan, no direct services delivered by the designated state agency are supported by funds from the Developmental Disabilities Act, and there are no staff from the department assigned to the council.

## *Environmental Factors Affecting Services*

Economic: Last year's federal budget deficit was \$319 billion and a considerable deficit is projected for the current and future years.

Federal policy maker response to the deficit has been to reduce spending on many human service programs, including education and health care (Medicaid and Medicare).

Michigan's economic growth is slower than the national average and with plant closings and layoffs looming in the auto sector, the overall picture for the next year is not bright. Michigan is still experiencing a flat growth economy with a serious unemployment problem. In 2005, the unemployment number was around 6.5%, well above the national average.

With a sluggish economy and the cumulative effect of tax cuts, Michigan's tax revenue is struggling to maintain current services while inflation and increased needs of an aging population continue to grow.

Medicaid adult dental services have been restored after a two-year absence. This should save money through preventative dentistry; it costs less to take care of a dental problem now that could lead to even more serious illnesses in the long run. Reimbursement rates must be improved to increase the number of participating dentists.

The Michigan legislature decided to reduce Medicaid costs by lowering provider reimbursement rates and the number of Home Help hours available to consumers. The budgets of service providers, agencies and individuals alike, have not grown in proportion to need. Among other things, this could affect the frequency and quality of services available to consumers and families.

These cuts likely will negatively impact the health of vulnerable populations and may ultimately increase costs. Poverty is a barrier to accessing health care because many people cannot afford the transportation or childcare necessary for regular visits to a physician.

When healthcare expenditures increase and people delay or cannot readily access health care services and related community supports, their health often unnecessarily deteriorate. Many physicians/health care providers lack understanding of the collective impact of disability on a person's life.

A number of problems related to health care are economic. The more you need, the less able you are to afford the care. A good example is increased co-pays. This applies to people with disabilities with twice the impact on people with disabilities who are minorities. Outreach to diverse populations is vital if people with disabilities within those communities and their families are to understand about and receive the services they need.

Michigan is experiencing a shift away from heavy manufacturing, such as automobiles, to a more service-based economy. There is a major bipartisan effort to reduce or eliminate the single business tax. There is much discussion about what sources of revenue might replace this tax.

At the same time, Michigan increased its minimum wage to \$6.85 per hour. This means more income for many personal assistants and others who provides services to people with disabilities.

The dramatic rise in fuel (gas/diesel) prices has caused strain in public transportation providers'



budgets, at the same time demand has increased. More people have turned to public transportation due to the high fuel costs. Health Care costs continue to skyrocket. Both of these economic factors have caused a possibility of rate hikes, and/or service reductions.

Additionally, the flat budget, coupled with rising costs, has caused a crisis. Fares for riders may be raised which will be a problem for persons with disabilities and others. The reduction/ elimination of routes makes it harder for persons with disabilities to get around, and to lead self-determined lives. This problem is more pronounced in rural areas.

**Social:** Despite continued policy requirements for person-centered planning to shape services and supports, consumers continue to report difficulty exercising their self-determination rights. Various statewide efforts are underway to help create demand for self-determination among the state's consumers. Advocates also promote modification of service delivery practices to comply with self-determination principles.

School funding will continue to occupy lawmakers' attention. There are initiatives to increase funding in response to demands and advocacy from the K-16 Coalition.

The elderly and many people with disabilities live very isolated lives. Accessible, affordable public transportation is necessary for many people with disabilities to fully participate in their communities.

Unfortunately, many areas of Michigan lack countywide transportation. This is particularly true in rural and/or northern Michigan. Some people with disabilities leave their hometowns to move to urban areas with public transportation. This also isolates people as they lose their natural supports, and need to create new support systems.

While self-determination and person-centered planning are now mandated for the public mental health system, transportation is not always included in person-centered plans. Transportation is required for greater social interaction and community participation.

In areas where there is public transportation, there are gaps in service: times, places, etc. which you cannot access if you rely on public transportation. The DD Council's transportation voucher pilot projects are one way to address the gaps. Another way is through the signing of interlocal agreements so that people can get from county to county more conveniently.

Whether it is a transportation concern or another element, consumers can use person-centered planning (PCP) and self-determination (SD) to shape services and direct public funds spent on their behalf. Factoring in PCP and SD, we anticipate better outcomes for consumers of all races and cultures and a more effective use of public dollars.

Still, while all community mental health agencies in Michigan are required to offer PCP and SD and practice outreach, limited funding and entrenched attitudes make implementation difficult statewide.

Whatever the type of service, if a people with a disabilities do not know about services available, because of cultural or language differences, the availability of services is a moot point. Though outreach to minorities, our communities will truly include everyone.

**Political:** In the U.S., health care insurance largely is private and tied to employment. Most other

countries have a national health program that is financed publicly.

The U.S. auto industry, among many other large manufacturers, has high health care costs for workers and retirees. Their foreign auto competitors do not have the same level of financial burden. The auto industry is asking the president and congress to make access to and the financing of health care a national priority. No policy movement has started yet, but with American industry now saying our system is broken, they join a rising chorus of voices from various sectors saying we must restructure our health system.

State and federal Medicaid expenditures continue to grow. Few Medicaid consumers understand how their services and supports are funded, they just know it is a struggle to get their service needs met. Families, for example, likely do not have the time or resources to meet with legislators about respite issues, thus lawmakers may not be aware of the issues. Greater communication between policymakers and consumers of public health is necessary.

The council has funded a “Faces of Medicaid” video project where consumers describe the importance of their Medicaid funded services and supports. We will widely disseminate this information to our RICC network, CILs, other advocacy groups and policy makers. Ultimately, we hope this product will help increase consumer, general public and policy maker understanding of Medicaid and increase support for Medicaid funding.

To help improve health care delivery and assure maximum benefit from health expenditures, the council is funding a three-year care coordination project in three diverse communities to link the various systems a person with a significant disability relies upon (e.g. education, transportation, housing, Social Security, employment, etc.). We anticipate these projects will suggest models of care coordination that the state can build into funding agreements with local delivery systems that could help reduce expenditures or at least assure health expenditures improve quality of life for the recipient.

## ***The State Service Systems***

### ***Medicaid***

Many consumers perceive health care to be a low priority at the federal level because of budget and policy limits placed on Medicaid and other human service programs. At the state level, the governor has said health care and preserving the safety net are priorities, but the poor economy hampers the state's ability to adequately fund health as well as other human services. As a result of federal and state policy changes, consumers must pay increased costs for Medicaid health services and providers feel they are not adequately compensated for delivering those services. Advocates are monitoring the impact of increased consumer costs to receive health services and provider rates to determine if people are receiving essential services.

### ***Consumer difficulty getting supports for self-determination***

Michigan's human service system has begun to recognize the value of basing supports and services delivery on the strength, desires and preferences of the person receiving supports and services. Michigan's Mental Health Code has required person-center planning as the basis for people receiving services from the mental health system.

People who receive support from the public system should be able to decide what they need and should have meaningful choices and control over their lives. Self-determination means that consumers, with their freely chosen allies, can, if they choose, direct how their services dollars are spent, how their supports are provided, and who provides them.

The Michigan Developmental Disabilities Council is just completing a set of grant projects to help local services systems build capacity and to mobilize consumer and family demand for self-determination in several areas of Michigan. The council is also funding Michigan Partners for Freedom to offer training at local sites. Much remains to be done to help more local service agencies learn to provide complete supports for self-determination. There is a vital need to inform people with developmental disabilities and their families about what self-determination can mean in their lives, and how to access and use the tools of self-determination.

### ***Employments supports***

Advocates are currently gathering information about people with high support needs who are being verbally denied services by MRS because Mental Health is serving them, or considered unemployable. By screening them out before application, they are not tracked as denied services. Some are being denied services indirectly because the local office or staff don't fund job development, intensive job coaching, or do customized employment.

Several new resources are available to help people in securing employment. Freedom to Work, benefits counseling, and MiConnections are now in place. MiConnections is the Michigan High School High Tech Program, which links youth with disabilities to opportunities to explore jobs and careers in technology-related fields.

Several state level groups are working on developing strategies to improve employment services and outcomes. Evidence based Best Practices have been identified by a council grant. Locations that are using the practices are seeing better results, but other places do not routinely use them. Advocates from several organizations are working to bring groups together to break down the disconnectedness in the systems. In particular, strategies are being identified to overcome barriers to implementing self-determination for employment purposes.

Efforts to close day programs continue. Many CMH boards are reducing numbers of days, hours and people served. This is not resulting in increased employment, just in more people sitting at home. A recent legislative proposal to require sheltered workshops in every county was thwarted by advocacy efforts. Advocates want to see people with disabilities get the necessary supports to be a part of community-based employment opportunities. Prior to closing workshops, community supports and services must be in place so that people with developmental disabilities will still have opportunities.

### ***Interagency initiatives to impact systems change***

The council partners with other agencies in a variety of ways, including: Disability Voice (DV) where state-level advocates and state agencies work together to assist their local peers to host a town hall meeting. This local meeting strengthens advocacy for improved services; MiJobs Coalition to advocate for improved consumer employment outcomes; Common Disability Agenda, where state agencies and advocates jointly author a publication identifying common policy issues, service gaps, barriers and proposed solutions.

The council supports a statewide network of Regional Interagency Consumer Committees (RICCs) that are composed of consumers, their family members, local advocates and agencies. RICCs facilitate consumer understanding about services; develop consumer leadership skills, target issues of local concern (e.g. transportation, employment, housing, access to health care, etc.) and advocate for systems change through improved services and public policy changes.

### ***Universal Education, compliance with No Child Left Behind, Positive Behavioral Supports, and Universal Preschool***

The DD Council and other advocacy groups have lead roles in an effort to promote Universal Education in Michigan. The Council's Education Work Group Mission is "Michigan shall have a unified system of public education consistent with the practices and principles of "universal education" for all students, including all students eligible for special education, ages 0-26." A number of external events are creating opportunities for significant system change.

The Michigan State Board of Education convened a Referent Group on Universal Education that included representatives for many groups of disenfranchised students. On October 11, 2005, the Referent Group recommendations were approved by the state board as a policy framework.

The Universal Education policy framework could easily get lost in the urgency of meeting

NCLB requirements. However, the Council, its grantees and allies are promoting best practices of Universal Education as a strategy for helping schools meet NCLB and the priority to improve academic achievement. One of the challenges is schools' tendency to separate out anyone who can't keep up with the academics in general education. The state is also working on making stricter High School graduation requirements, changing teacher education standards, and policies for Positive Behavioral Supports.

Early Childhood Education is one of the governor's highest priorities. An Early Childhood Investment Corporation (ECIC) was recently formed. Council grantees and allies are working with the Department of Education (MDE), ECIC and other systems, serving on major policy groups including the MDE Professional Development Work group, ECIC Program and Policy Committee, Early On redesign, Early Education Standards Group, IDEA Partnership project, and the KEEP group on expulsion of young children.

The Council is convening a Summit to create strategies and organize action teams to push for implementation of the Universal Education policy framework that was adopted by the State Board of Education. These strategies would tie in with the other movements in the state to improve education outcomes. The Education Work Group, Michigan Protection and Advocacy Services and the council's *Everyone Together* grant project are leaders in the advocacy efforts.

### ***State legal activities relating to developmental disabilities***

There are increasing challenges at the state's Mt. Pleasant Center. A death, which was classified as a homicide, occurred in 2005. There were 37 substantiated cases of abuse or neglect in 2005. One incident of abuse is being addressed through probate court to ensure temporary protective measures for one consumer and for the development of appropriate community supports and services.

Changes in federal law regarding special education may mean increased barriers to effective due process. In such cases, appropriate legal challenges will be issued. Michigan Protection & Advocacy Service is monitoring the implementation of the new due process system for special education to the extent that P&A actually filed litigation over the failure to implement. Michigan's Freedom to Work (FTW) program offers Medicaid recipients who meet the Social Security definition of "disability" an opportunity to earn a meaningful wage and still retain their Medicaid health coverage.

However, a few unforeseen and unintended glitches threaten continued Medicaid coverage for a few people now on FTW. Efforts are underway to correct these problems and assist those impacted by the glitches. We want to remedy this situation quickly because consumers already are skeptical that FTW may not perform as expected, so enrollment has been slow.

### ***Community Services and Opportunities***

With human service budgets flat or shrinking, advocates are coalescing to push/help agencies toward better collaboration. Community mental health (CMH) agencies are now required to

address the community living needs, not just those needs traditionally met by mental health agencies. For some CMH agencies this requirement has increased interagency initiatives and consumers participate in community living in a more complete manner. CMH funding to bring this requirement to life remains an issue.

### ***Waiting Lists***

Waiting list name	Number
DD institution	183
Housing Choice Voucher (HCV) Program	540

Approximately 183 persons with developmental disabilities reside in a single state institution and are waiting for community living opportunities with supports. This is a small number when considering Michigan's 10,120,860 residents, but the council's position is all individuals, with supports, can live in communities.

- Section 8 Housing. The Michigan State Housing Development Authority (MSHDA) administers Michigan's Section 8 housing program. MSHDA typically has available approximately 3,000 to 5,000 HCV program vouchers per year. MSHDA opens its application process periodically so it can maintain a two-year waiting list of approximately 75 to 8,000 eligible individuals. MSHDA reports approximately 6,278 of HCV program voucher recipients have a disability. According to research by Gollay, of all persons with disabilities, 8.6 percent have a developmental disability. Using this research data, approximately 540 people on the HCV program waiting list have a developmental disability. As of July 2005, Wayne County alone will have approximately 8,000 on its waiting list. Additionally, many counties have several thousand on their waiting lists. Lists vary by county with generally a minimum of 75 names on a list.

### **Other important service systems for persons with DD include:**

Department of Human Services (DHS). People with disabilities apply for a wide variety of services and supports through this agency, including SSI, Medicaid, food stamps, Home Help Services (personal assistance services) and Physical Disability Services (to purchase critical items not covered by Medicaid). Budget cuts and other cost containment efforts have forced this agency to reduce and even eliminate services. The council and its RICC network monitor this situation and advocate, as needed, for public policy that is responsive to people's needs. While we have had success in reversing some of the most disastrous proposed service reductions, the on-going federal and state budget cuts have seriously eroded the capacity of this agency.

Community Mental Health (CMH). The Michigan Mental Health Code prohibits local CMH agencies from maintaining a waiting list for services. Theoretically, when a person with a developmental disability or a family member requests assistance, a person-centered plan (PCP) is developed and all needed supports and services are provided. Some consumers report that they are informally denied assistance and/or their PCP is directed by agency staff toward existing programs, not necessarily what the consumer wants or needs to fulfill life dreams. Consumers

also may not be aware of options in their community. The council has approved, and will soon implement, a baseline study to determine the extent to which consumers feel they can self-determine the supports they need through the person-centered planning process.

Michigan Rehabilitation Services (MRS). The agency has not established an “Order of Selection,” so all eligible individuals who need employment training, placement or support assistance, theoretically, can receive them. However, informally, persons are screened out or referred to other employment placement or training programs because the agency does not have adequate resources to serve every eligible person in the state. There are unresolved boundary issues between some local MRS and CMH offices, so consumers report difficulty getting the supports they need. No waiting list or other official documentation exists on this issue.

In their “State of the States in Developmental Disabilities – 2005, Braddock, Hemp, and Rizzolo of the University of Colorado, estimate that 61 percent of all adults in the mental health or adult DD system are living with an elderly care giver. The time is rapidly approaching when these elderly parents can no longer provide care to their disabled adult child. The state’s mental health/adult DD system has not developed a plan for this impending major increased need for residential and other community supports.

Office of Services to the Aging (OSA). The MI Choice Home and Community Based Services for the Elderly and Disabled Waiver (MI Choice HCBS/ED) waiver served 9,562 individuals for the fiscal year ended September 30, 2005. Of that amount, approximately 25% were below the age of 65. The waiver provides services and supports in the home or community to individuals who would otherwise be served in nursing facilities. MI Choice can also help transition qualified nursing facility residents to the community. MDCH also provides funds to Waiver agents (both Area Agencies on Aging [AAA] and non-AAA’s) and CILs to help nursing facility residents return to the community setting of their choice. Currently, each waiver agent determines program capacity based upon the dollar amount allotted within its contract. Therefore, the waiver agent bases the number of participants served upon the average and projected per participant day costs. MDCH funds participants who transition from nursing facilities to the MI Choice HCBS/ED waiver and certain special care need individuals needing waiver services even when their costs create expenditures in excess of the agent’s contract amount.

### ***Unserved and Underserved Groups***

African-American families have shown an underutilization of family support programs. Families are not aware of programs or do not know of the eligibility criteria. These families need targeted outreach to increase program awareness and participation.

A study from the National Council on Disability says American minorities “with disabilities are more likely to be underserved, receive fewer comprehensive services, drop out of services and achieve less favorable outcomes than Caucasian individuals with disabilities.” For example, Hispanic/Latino families underutilize family support programs due to reliance on their own family support systems, lack of trust in government services, and the migrant status of some families. In addition, language barriers, including untranslated application forms and program documents, deter individuals and families from seeking available supports.

American Indian families are unserved, and have expressed some lack of trust in government programs during focus group sessions. They have also indicated that when they do seek services from some programs they are referred to reservation agencies or the Bureau of Indian Affairs, rather than being offered state and community services. This is done even though the families meet the eligibility criteria for the services they are seeking.

Arab/Chaldean families in Michigan live primarily in southeast Michigan. Through focus groups, the major barrier to providing services has been identified as language, both written and spoken. The typical caseworker in the service providing agencies does not speak Arabic. Families feel isolated from access to services and therefore are underserved by the system.

According to the Coalition for Asian American Children and Families, “Many Asian Americans are reluctant to seek services or ashamed to rely on outside help, even if their families are in need.” Asian families may be discouraged from seeking help due to racism, cultural barriers and lack of knowledge of available services. There may be considerable resistance to talking about disabilities. Cultural barriers, such as the reluctance to bring shame to the family because of the perceived stigma related to a family member with a disability, hinder utilization of services.

Barriers to service persist for these unserved and underserved groups. There are too few trained bicultural and bilingual professionals available to provide accessible, culturally competent outreach and services.

Families with children with severe physical disabilities who are classified as physically and otherwise health-impaired, emotionally-impaired or are experiencing autism are not eligible for the family support subsidy. They experience the same extraordinary costs to keep their children at home as do current recipients. This group is underserved by the family support system.

A concerted, organized, committed effort at outreach, using the theme “Our Community Includes Everyone” – has been launched by the council and its satellite organizations.

### ***Rationale for Goal Selection***

The Michigan Developmental Disabilities Council promotes self-advocacy; self-determination and person centeredness in approaches to assisting persons with developmental disabilities build a life of purpose.

Self-advocacy promotes leadership of consumer directed activities in communities throughout the state. The self-advocacy movement stresses the need for people with developmental disabilities to learn decision-making skills and reinforces the need for understanding responsible choice in order to become more independent. One way people with disabilities learn about advocating for themselves is by supporting each other and helping each other to gain confidence to speak out for what they believe in.

Self-determination means having control over one’s own life. It empowers people with developmental disabilities to achieve life dreams. Self-determination gives people the freedom to



choose how, where and with whom to live. It gives one the authority to control money to create the life he or she wants to live. It provides the support to assist one to live the way he or she wants to live and allows for the responsibility to make informed decisions about one's life.

Our personal belief systems guide and shape the way in which we relate with others. Person centered planning requires a personal commitment to engaging conscious awareness to be of genuine service to others. Person-centered planning is a way in which one can listen to people and learn about important aspects of a person's interests and needs. Person centeredness requires openness to being guided by the individual, a commitment to understand what's important to the individual and the flexibility and creativity to seeing what might be possible.

The principles of self determination, person centered planning, and self advocacy are embodied in the Michigan Developmental Disabilities Council's mission and vision: To support people with developmental disabilities to achieve life dreams; all citizens of Michigan have the opportunities and supports to achieve their full potential.

## **DEVELOPMENT OF STATE PLAN**

In preparation and development of the council's state plan, the council sought consumer and family input through a variety of methods. Advocates and professionals were also encouraged to give input to provide a more inclusive community.

There were eight community forums held across the state. They presented an opportunity for additional public reflection and input. Review of various public service delivery providers took place through discussion, summaries of which were available from the previous state plan. People with developmental disabilities and family members expressed their satisfaction, or dissatisfaction, of various programs. Approximately 250 persons participated in the community forums. Each forum's comments were included in the next summary of objectives and indicators for discussion at future forums. The results of the forums were gathered and analyzed by a research specialist.

At each forum, there was consideration for consumer participation, council membership, and racial and geographic representation. Groups reviewed information and developed draft projects that would address identified needs and concerns. These draft projects were presented to the full council for consideration, discussion and refinement at its open meetings. Members of the public were given an opportunity to provide input.

This review, with its various levels of community input, refinement by experts to develop projects, and council consideration, created the plan being presented by the council for approval by the Administration on Developmental Disabilities. Public comment was encouraged at all levels.

## **ANNUAL STATE PLAN REVIEW**

The Michigan Developmental Disabilities Council annually reviews its state plan and objectives of the plan. A retreat format is used to review potential changes. This retreat is conducted under the Open Meetings Act. People are notified through the council's publication, *Monday Update*, of the opportunity to provide comments. The Council of RICC Chairs (CRC), representing the 49 Regional Interagency Consumer Committees across the state, are invited. CRC provides significant consumer input as does additional collaboration with other agencies through the Disability Voice. These Disability Voice agencies are: Statewide Independent Living Council, Michigan Rehabilitation Council, Michigan Rehabilitation Services, Michigan Commission on Disability Concerns, Michigan Commission for the Blind, Michigan Department of Transportation and Social Security Administration. Through its town forums, Disability Voice also provides the council with current consumer, family and provider input that is incorporated into the annual review.

The review is designed to reflect current economic, political and social changes that have occurred since the plan was first written, as well as significant comments from consumers and families. This annual review produces a plan amendment that is sent to the Administration on Developmental Disabilities, if necessary.

## **SCOPE OF SERVICES**

Following are a description and analysis of programs in Michigan that provide supports or other services to people with disabilities and their families. The 43 programs described include a variety of issues and are administered by a number of state agencies or advocacy groups. The information was obtained from key agency staff who work directly with, or are responsible for, administration of the various programs. The section labeled "Effectiveness" provides context of how these various programs work to promote and enhance the independence, integration, inclusion and productivity of people with disabilities and their families. The "Eligibility" section of these reports is not intended to reflect a full discussion of eligibility requirements for these programs. It is intended to be used to give general information. Anyone interested in a specific eligibility determination should contact the state department or agency responsible for the administration of the program.

## Department of Civil Rights

### CIVIL RIGHTS

**PROGRAM/SCOPE:** The Michigan Civil Rights Commission was created by a 1963 amendment to the Michigan Constitution. The Michigan Department of Civil Rights is statutorily charged with the implementation of the Commission's mission. Under the authority of Michigan's two civil rights acts, the Elliott-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act, the department investigates alleged discrimination against any person because of religion, race, color, national origin, age, sex, marital status, or disability. Height, weight and arrest record are protected in employment, familial status in housing, genetic testing/information in disability and multi-racial status in employment and education.

The Persons with Disabilities Civil Rights Act (PWDCRA) provides, At the opportunity to obtain employment, housing and other real estate, and full and equal utilization of public accommodations, public services, and educational facilities without discrimination because of a disability is guaranteed by the Act and is a civil right.@ The Act also requires the department Aoffer education and training programs to employers, labor organizations and employment agencies.@

The MDCR works with employer and consumer groups regarding civil rights for persons with disabilities through complaint investigation, enforcement, mediation, conciliation, research and training.

MDCR also investigates and enforces employment complaints for the federal Equal Employment Opportunity Commission and housing complaints for the federal Department of Housing and Urban Development.

**ELIGIBILITY:** Any person who believes she or he may have been discriminated against because of disability or other protected basis, is eligible for protection. A complaint must be filed within 180 days from the date the alleged discrimination occurred.

**EXTENT OF SERVICES:** About 20 percent of the individuals who file complaints are persons with disabilities.

**EFFECTIVENESS:** Discrimination continues to exist despite the presence of strong civil rights laws. The Michigan Department of Civil Rights remains an important resource for fighting discrimination with both legal and educational tools.

## **Department of Community Health**

### **CENTER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

**PROGRAM/SCOPE:** There is one center for persons with developmental disabilities in Michigan. This is a state-operated facility and is certified as an Intermediate Care Facility for persons with Mental Retardation (ICF/MR) through the Center for Medicare and Medicaid Services (CMS). This Center provides the level of comprehensive services required by the individual including individually required treatment, personal care, and supervision. In Michigan, except for judicial, only persons who have the most severe levels of disability and for whom community resources cannot provide the supports necessary to maintain that person in the community are admitted to state facilities.

**ELIGIBILITY:** People admitted to DD Centers shall:

- 1) have a developmental disability as defined by the federal Developmental Disabilities Assistance and Bill of Rights Act and the Michigan Mental Health Code; and
- 2) require a program of active treatment as a continuous program that includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that are directed toward (a) the acquisition of the behaviors necessary to function with as much self-determination and independence as possible, and (b) the prevention or deceleration of regression or loss of current optimal functional status.

Persons with multiple diagnoses also require the implementation of an individualized plan of care developed under and supervised by a physician and other qualified mental health professionals, that prescribe specific therapies and activities related to their diagnoses.

**EXTENT OF SERVICES:** The population of DD centers in Michigan has decreased from a high of 12,694 in 1977 to the current level of 192 as of January 31, 2006.

**EFFECTIVENESS:** The movement from state institutions to community residential settings continues, but has become more challenging due primarily to the need for development of specialized resources to address the needs of residents with increasingly complex clinical presentations and/or challenging needs.

## **CHILDREN'S SPECIAL HEALTH CARE SERVICES**

**PROGRAM/SCOPE:** CSHCS is a program administered by the Department of Community Health that provides early identification, diagnosis and treatment of certain disabilities in children. CSHCS receives funds from the MCH Block Grant, federal match for beneficiaries with Medicaid coverage, and the state. The program includes the following services to children with disabilities and their families: diagnostic evaluations; assessment of family service needs; case management; care coordination; assistance in locating appropriate sub specialists for care; and payment for medical care and treatment. CSHCS also funds the Parent Participation Program, which is a program for families administered by families who have members with special health needs.

**ELIGIBILITY:** The target group for CSHCS is children with physical disabilities who have the potential for long term disability if untreated. These include, but are not limited to: cerebral palsy, cystic fibrosis, spina bifida, epilepsy, hemophilia and severed disabling conditions of the newborn. Those under 21 years of age who are suspected of having an eligible diagnosis qualify for a diagnostic evaluation if there is no other means to obtain the medical documentation. All other program services are available to enrollees: 1) under 21 who have an eligible diagnosis; and 2) of any age with cystic fibrosis or coagulation defects, i.e. hemophilia.

**EXTENT OF SERVICES:** The CSHCS program served approximately 35,000 clients during FY 05 with a program budget of over \$170 million in Title V, Title XIX, and state funds.

**EFFECTIVENESS:** The CSHCS program is an important resource for families in receiving services from appropriate sub specialists regarding the CSHCS qualifying condition. It is also significant for those who wish to keep a child with secure disabilities at home by providing essential support services available through CSHCS. CSHCS is often the only payment and assistance resource available for people with special health care needs and their families.

## **CHILDREN'S WAIVER PROGRAM**

**PROGRAM/SCOPE:** The Children's Waiver Program (CWP) is a Home and Community-Based waiver which is authorized under Section 1915 of the Social Security Act via Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (OBRA 81). HCBS waivers allow states to provide services to individuals, who without such services, require or are at risk of placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The Children's Waiver is approved by the Center for Medicare and Medicaid Services (CMS) under these provisions. HCBS are federally approved for up to five years. This waiver was renewed in October 2005.

**ELIGIBILITY:** The (CWP) enables Medicaid to fund services for children up to age 18, with developmental disabilities, who live in the homes of their birth or legally adoptive parents regardless of their parent's income.

**EXTENT OF SERVICES:** In addition to being eligible to receive all state plan Medicaid funded services, children served by the CWP may receive the following services as identified in their plan of services and supports: family training, non-family training, respite care, community living supports, specialty services, transportation, enhanced medical equipment and supplies, and environmental accessibility adaptations. The CWP is a statewide program. In FY 04 Medicaid-funded waiver services were provided to over 400 children enrolled in the program, at a cost of approximately \$22,112,000.

**EFFECTIVENESS:** The Waiver program has been an important source of funding for Michigan for families who wish to maintain their child at home and provide a community-based, family-centered life for their child with disabilities. Since the Waiver was approved in 1984, over 945 children have received the necessary service to maintain them at home with their families while insuring their health and safety. Many terminations were due to the child turning 18 years of age "aging out", while other children passed away. Only a few children lost eligibility upon leaving the home of their family. Almost all families report that they would not be able to maintain their child at home without the services of the waiver. These children have often experienced improved health and independence that can be attributed to the quality of care provided to them while residing at home and receiving necessary support services.

## **EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT PROGRAM (EPSDT)**

**PROGRAM/SCOPE:** The purpose of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is to discover potential health and/or developmental problems in children as early as possible to assure early intervention. EPSDT is a federally mandated Medicaid program, administered in Michigan by the Department of Community Health, through the Medical Services Administration. Providers are required to administer a series of assessments, tests, and measurements following specific program policies and procedures.

**ELIGIBILITY:** EPSDT visits, also known as well child visits, are a covered benefit for all eligible Medicaid beneficiaries under 21 years of age. Providers must complete all testing components at the specific ages indicated on the periodicity schedule found in the Medicaid Provider Manual. The periodicity schedule may be found on the MDCH web site at [www.michigan.gov/mdch](http://www.michigan.gov/mdch). EPSDT visits may be performed more frequently than the periodicity schedule as indicated per Medicaid policy.

**EXTENT OF SERVICES:** EPSDT program services include age appropriate screening based on the components identified in the EPSDT periodicity schedule. Required service components include, but are not limited to: health history, complete physical examination, laboratory testing including blood testing for lead, vision and hearing screening, developmental assessment, review of immunization status, interpretive conference, health education, and anticipatory guidance.

**EFFECTIVENESS:** The EPSDT program is important in identifying children with existing and potential developmental disabilities so they can receive diagnostic and treatment interventions early. The Michigan Medicaid program has a number of outreach efforts in place to assure that beneficiaries are receiving this important service.



## **FAMILY SUPPORT SERVICES**

**PROGRAM/SCOPE:** Family Support Services are provided through local community mental health (CMH) services programs. These services assist families in maintaining, as a family member, a child or adult with a developmental disability, in his or her own home. Services are provided to the entire family unit and are individually tailored to the unique needs of each family. Services included are: intensive family intervention, family services coordination, parent or other care giver training, habilitation skills training, psychological/behavioral treatment, other training services, permanency planning and adoption services, respite, and a cash subsidy program.

**ELIGIBILITY:** The target population of Family Support Services is persons (children and adults) with developmental disabilities and their families.

**EXTENT OF SERVICES:** All 49 CMH services programs are providing at least minimal level of family support services. For FY 98, CMH services program reported expenditures of approximately \$15.9 million for Family Support Services (including respite) and other than the family support subsidy. CMH services programs reported serving 2,204 persons with developmental disabilities in Family Support Services in FY 98 and 4,882 in respite services. (These numbers are assumed to be unduplicated for family support and respite services. If a family received both, it would be a duplicated count.)

**EFFECTIVENESS:** Michigan continues to be a leader in its provision of community-based Family Support Services. These services, along with the Family Support Subsidy, Children's Waiver and HAB Supports Waiver, assist in maintaining children and adults with developmental disabilities in their homes and communities.

## **FEDERAL MENTAL HEALTH BLOCK GRANT**

**PROGRAM/SCOPE:** Federal Community Mental Health Services Block Grant funds are used to provide community-based services for adults with serious mental illness and children with serious emotional disturbance. Service initiatives are designed to carry out the goals and objectives of the Michigan Department of Community Health (MDCH) in accordance with the "State Comprehensive Mental Health Service Plan," approved by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration. The Comprehensive Plan describes the state's public mental health system, established in Michigan's Mental Health Code, and operated through 46 Community Mental Health Service Programs (CMHSPs). The plan also describes MDCH intent to use Mental Health Block Grant funds to continue services and to foster service innovation and service development in this system of care.

**ELIGIBILITY:** As specified in the plan, MDCH allocates most of the funding to continue community-based services for adults with serious mental illness and children with serious emotional disturbance in CMHSPs. Each year, a portion of the federal block grant funds is allocated for service innovations, service capacity development, service replications, and evaluation activities. Funding decisions are based on proposals submitted in response to the criteria included in a Request for Proposals sent to Michigan's 46 CMHSPs.

**EXTENT OF SERVICES:** In fiscal year (FY) 2006, one-time only funding will be used to fund proposals targeted for adults with serious mental illness in the following categories: Advance Directives (Crisis Planning); Anti-Stigma; Clubhouse; Consumer-run, Delivered, or Directed; Co-occurring Disorders: Integrated Dual Disorder Treatment; Family Psychoeducation; Homeless Populations; Jail Diversion; Older Adults; Peer Support Specialists; Person-Centered Planning; Recovery; Rural Initiatives; Self-Determination; and Supported Employment. For children with serious emotional disturbance, one-time only funding is being allocated to juvenile justice diversion programs and continuation funding will support wraparound, respite services, and transition services. Michigan's total allocation in FY 2005 was \$12,952,196 and is expected to be similar in FY 2006.

**EFFECTIVENESS:** Funding continues to support critical, community-based services for adults with serious mental illness and children with serious emotional disturbance. The Block Grant award assures continued community living opportunities for these individuals.

## **INDEPENDENT LIVING SERVICES**

**PROGRAM/SCOPE:** The Independent Living Services program offers a range of Medicaid and non-Medicaid services to individuals of any age that require consultation of assistance to maintain and maximize functional capacity within their own homes or independent living arrangements. Non-Medicaid services could include information and referral, health related resources and protection (for adults in need of guardian/conservator but who are not in immediate need of Adult Protective Services).

**ELIGIBILITY:** The following individuals are eligible for Independent Living Services:

- SSI recipients who need services
- Medicaid recipients who need services

**EXTENT OF SERVICES:** The ILS program serves a monthly average of 4,645 people with developmental disabilities.

**EFFECTIVENESS:** The Home Help program, which allows people with disabilities to select their own provider for non-specialized services, is an extremely important service for people who want to stay in their own homes. Program staff assess need and process payments to a provider for individuals in need of unskilled, non-specialized care to remain in an independent setting. Some of the tasks that could be paid for are laundry, meal preparation, grooming, dressing, transferring, and bathing. As functionality declines, progressively increased supports will be offered to enable the individual to remain in the least restrictive setting.

Physical Disability Service provides payment for medical equipment for Medicaid eligible individuals only. This service is to help individuals stay independent, increase quality of life and safety. Items that have been purchased under this program include ramps, grab bars, lift chairs and raised toilet seats. This service can only be used for items not covered by any other source.

## **OFFICE OF RECIPIENT RIGHTS**

**PROGRAM/SCOPE:** The Michigan Department of Community Health Office of Recipient Rights (ORR) is established by the Mental Health Code. It provides direct rights protection services to recipients in state-operated hospitals and centers, as well as consultation to their family members.

Among the protection services provided are: prevention, education, training, monitoring and complaint resolution. The office also assesses the quality and effectiveness of the rights protection systems in the community mental health service programs in Michigan, as well as those systems in private psychiatric hospitals and units licensed by the state.

**ELIGIBILITY:** Any individual receiving services from a state-operated psychiatric hospital or center for persons with developmental disabilities is eligible for rights protection services from the ORR.

**EXTENT OF SERVICES:** In FY 98-99, 3,302 recipient rights complaints were filed by patients in state-operated hospitals and centers. Of these, 530 cases were opened for investigation; 2,007 interventions were done by the ORR staff (intervention is a process on behalf of recipients to obtain resolution of an allegation of a rights violation through steps other than investigation); and 669 complaints did not involve a code-protected right. Of the cases opened for investigation, 114 were found to be substantiated rights violations.

Seventeen of 49 community mental health service programs (CMHSP) were assessed in FY 98-99 regarding compliance with standards for rights protection systems established by the department. These assessments were conducted on-site. The remaining CMHSP rights systems were assessed through review of the statutory Annual Rights Report and accompanying documentation.

**EFFECTIVENESS:** Despite strengthening of the rights of recipients of mental health services by the amendments to the Mental Health Code, much work needs to be done by ORR in the areas of awareness and education for consumers and their family members. With the advancement of managed care and person-centered planning, much also remains to be done in the areas of training and assuring quality public mental health and recipient rights promotion and protection services. The ORR continues to act as a resource for providers as well as consumers in this regard.

## **OLDER ADULTS WITH DEVELOPMENTAL DISABILITIES**

**PROGRAM/SCOPE:** Programs operated by the public mental health system and Office of Services to the Aging continue to provide services to older persons with developmental disabilities. The reorganization of the Department of Community Health implemented in May, 1997 included the Office of Services to the Aging as an autonomous agency within the department.

This reorganization helped to integrate efforts of the mental health system and the aging network in serving the needs of older persons with developmental disabilities. A staff member of the Office of Services to the Aging continues to serve as a member of the Developmental Disabilities Council and as a focal point for addressing developmental disabilities issues in the aging network.

**ELIGIBILITY:** Programs funded by the Older Americans Act continue to be available to people who are 60 years of age and older. Public mental health services continue to be available to residents of developmental disabilities centers, contract homes, nursing homes, adult foster care homes, homes for the aged and those who live independently or with their families.

**EXTENT OF SERVICES:** Primary data from 2005 indicate Community Mental Health Services Programs (CMHSPs) served 1,743 people with developmental disabilities who were 65 and older. In FY99, 207 pre-admission screenings were completed for people with developmental disabilities and 726 annual resident reviews were completed for people with developmental disabilities residing in nursing homes.

For those people in nursing homes, where numbers have declined, services continue to be provided by CMHSPs. Pre-admission numbers remain steady, however total number of pre-admission screenings completed for people with developmental disabilities, as a percentage of the total, is down from 7.2 percent to 6.5 percent.

**EFFECTIVENESS:** The developmental council funded projects targeted at developing community capacity for inclusion of older persons with developmental disabilities. These included the Aging Families and Aging Families Dissemination Grants. Resource materials on aging and developmental disabilities continue to be available through the Mental Health and Aging Education Consortium Project at Lansing Community College.

## **SUPPORTED EMPLOYMENT**

**PROGRAM/SCOPE:** Supported employment programs increase independence, productivity, community involvement and self-esteem of people with significant disabilities through the real work in integrated settings. It enables people with disabilities to work and earn wages in the community alongside others who do not have disabilities.

With the help of a job coach, who guides and prompts the worker as needed, the worker develops the skills needed for more independent work. Supported employment services may include outreach, case management, assessment, job development, job matching, job placement, participation in supported self-employment, job coaching, evaluation of worker productivity, counseling, transportation, and long term supports to maintain employment and employer and community relations.

**ELIGIBILITY:** To participate in the supported employment program, a person must have a disability so significant that he or she would not be able to work without ongoing support services. Ongoing support services must be provided to each worker for as long as needed.

**EXTENT OF SERVICES:** Most Community Mental Health Service Programs (CMHSPs) in Michigan report that they have provided or arranged for supported employment services for some of their consumers. Continuing efforts are being made to increase the number of consumers being given the option of supported employment. All CMHSPs are monitored on employment related performance indicators and quarterly reports are issued by the Department of Community Health (DCH). The performance reports show CMHSP outcomes individually and in relation to other CMHSPs.

**EFFECTIVENESS:** A 1991 comprehensive survey of all state programs, completed by Western Michigan University, found that 2,762 persons were in supported employment. The DCH report of March 1996 reported that 4,906 persons were in supported employment. The DCH report of March 2000 shows a total of 7,599 persons in supported employment, 68 percent (5,143) of whom were persons with developmental disabilities. This is a 42 percent increase in the number of persons with developmental disabilities in integrated work settings since 1996 and a 134 percent increase since 1991. Of the total of persons with developmental disabilities, 75 percent are working 10 or more hours per week and 66 percent were earning at least the federal minimum wage. Figures from the U.S. Department of Education RSA-636 indicates Michigan Rehabilitation Services provided supported employment services to 2,357 individuals in fiscal year 2004.

## **TITLE V MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT**

**PROGRAM/SCOPE:** The basic Maternal and Child Health Block Grant enables states to maintain and strengthen their efforts to improve the health of all mothers, infants, and children, including children with special health care needs. Particular concern is for those with limited access to care.

**ELIGIBILITY:** Only states are eligible to receive these funds directly. States must submit an annual application, conduct a needs assessment every five years, and annually report on their expenditures and progress toward goals and objectives.

**EXTENT OF SERVICES:** The Title V MCH Block Grant allocation to Michigan for FY 05 is \$19,804,006, a reduction of approximately \$100,000 from FY 2004.

**EFFECTIVENESS:** This program supports health care and wraparound services for women and children to improve pregnancy outcomes, reduce morbidity and mortality, and improve the health and development of children and provides specialty services and care coordination for children with special health care needs.

## **Department of Education**

### **THE EARLY ON® PROGRAM**

**PROGRAM/SCOPE:** The Early On® Program is administered by the Michigan Department of Education in collaboration with the Departments of Community Health and Human Services. The program utilizes the federal statute and funding from the Individuals with Disabilities Education Act (IDEA as amended) to assist families, infants and children with disabilities, birth through age two, with early intervention services and supports. These children qualify for the program because they have developmental delays in one or more of the following areas: cognitive, physical, language/speech, psycho social development, self-help skills; or have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

The system requires an Individualized Family Service Plan for eligible infants and toddlers and families. A "child find" system locates infants and toddlers in need of services with the goal to find the children as early as possible. Services include early intervention services necessary to meet the developmental needs of the child and related family support needs.

**ELIGIBILITY:** Eligibility includes children from birth to age two who are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the areas listed in the above descriptions, and/or who have a diagnosed physical or mental condition that has high probability of resulting in a developmental delay.

**EXTENT OF SERVICES:** Statewide early intervention services are coordinated through 57 service areas with intermediate school districts functioning as fiscal agents. Local Interagency Coordinating Councils (LICCs) function in an advisory capacity. The Dec. 1, 2005 count of infants and toddlers enrolled in Early On was 10,849. The families receive service coordination arranged by staff from Intermediate School Districts' Special Education, Children's Special Health Care Services, Community Mental Health Services, Department of Human Services, and others.

**EFFECTIVENESS:** Early intervention is important for prevention, early planning for appropriate education, includes use of assistive technology, and links families with a variety of services and supports. The Individualized Family Service Plan emphasizes the importance of the family and their input into the healthy development and receipt of appropriate services for their child. It also acknowledges that each family is unique and has its own needs which must be addressed.



## **GRANTS UNDER INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

**PROGRAM/SCOPE:** The federal IDEA statute sets requirements and funds services for children and students with disabilities. Federal funds go to Michigan public schools through the Michigan Department of Education, Office of Special Education and Early Intervention Services, which must follow specific statutory requirements and federal regulations. There are four distinct types of funding for special education in Michigan. These include: 1) Flow-through funds, used to cover the cost of any of the programs covered under the Special Education Rules for students ages 3 through 21 years; 2) State discretionary grant funds used to develop model programs that enhance special education programs; 3) Preschool incentive grants, used for expansion and enrichment of programs for students with disabilities, ages 3 through 5 years, and 4) personnel development funds under a State Improvement Grant designed to increase the performance of students with disabilities by enhancing integrated delivery of services, particularly in the areas of middle school reading and mathematics.

**ELIGIBLE:** Intermediate School Districts, Michigan Department of Community Health, Michigan Department of Corrections, Michigan Department of Human Services, and the Michigan Schools for the Deaf and Blind are eligible for funding.

**EXTENT OF SERVICES:** Flow-through and preschool incentive grants, available to students with disabilities ages 3 through 21 years, represent 250,769 students with disabilities enrolled in special education on Dec. 1, 2005. This count will generated over \$350,000,000 for the 2006-2007 school year. An additional \$12,000,000 in preschool grant funds flow through to intermediate school districts and their constituents for direct service of preschool programs and services. Michigan will receive approximately \$1.3 million annually over the next three years to support personnel development under its State Improvement Grant.

**EFFECTIVENESS:** Michigan has the broadest special education mandate of any state, with state statute requiring public schools provide services to children and students with disabilities ages birth to 26 years. Michigan was also one of the first states to mandate services be provided to the 3-to-5 year old age group, and is one of only six states mandating services for the birth-to-age-3 years group. The Department of Education is challenged to develop a more integrated delivery system for special education, particularly at the preschool level. The department adopted a six-year State Performance Plan that focuses on 20 indicators of success. The key efforts will work toward assisting schools appropriately identify children who need special education services and supports; increase the number of students who graduate with a diploma while decreasing drop outs; and improve the oversight and supervision provided by the MDE for school districts.

## **SPECIAL EDUCATION PRESCHOOL INCENTIVE GRANTS**

**PROGRAM/SCOPE:** The Preschool Grant Program, administered by the Office of Early Childhood Education & Family Services in the Michigan Department of Education, provides funds to offset the cost of education to children with disabilities, ages 3 to 5. Children age 2, and who will be 3 during the school year, may also participate. Funds are provided on a grant basis to intermediate school districts to develop special education programs and services for eligible children in cooperation with their constituent districts. Funds may be used for child identification, screening and the full range of special education programs and services available under Michigan's special education rules.

**ELIGIBILITY:** Children who will become age 3 during the school year are eligible for services until they reach age 6. Since Michigan's special education law requires free, appropriate public education for children with disabilities, funds are used to supplement available resources for services and programs. The use of funds is determined by the intermediate school district (ISD), which submits a grant proposal to the Office of Early Childhood Education & Family Services detailing how funds will be used to enhance the preschool special education system.

**EXTENT OF SERVICES:** The grant award for the 2005-2006 school year for Michigan was \$12,563,791, based on a pupil count of approximately 19,000. The State can use up to 5 percent for administrative costs and 20 percent for State-initiated projects. In Michigan, the money typically flows through ISDs, with the exception of a small amount of funding that covers technical assistance to local ISDs.

**EFFECTIVENESS:** Funds available for Child Find help to ensure that children who may have a disability are referred and evaluated to determine their need for special services. Funds also cover the cost of evaluating, planning and implementing direct services to children with disabilities. The majority of funds are used for direct services to children with disabilities within the eligible age category.

**CAREER AND TECHNICAL EDUCATION:**  
**THE CARL D. PERKINS VOCATIONAL AND TECHNICAL ACT OF 1998**

**PROGRAM/SCOPE:** The Department of Labor and Economic Growth, administers this program that helps secondary and post-secondary institutions design, develop and implement career and technical (vocational) education programs. The programs are targeted to all students, however, local districts must determine and describe how they will provide services to “special populations.” Included in special populations are individuals with disabilities. Other special population groups are economically disadvantaged people (including foster children), individuals preparing for nontraditional employment, single parents (including single pregnant women), displaced homemakers, and individuals with other barriers to educational achievement. This includes people with limited English.

**ELIGIBILITY:** People who are members of special populations groups receive the same access to programs and activities as other students and they are integrated into programs in the least restrictive environment. Students with disabilities, with or without an individual education plan, are afforded rights under Section 504 of the Rehabilitation Act of 1973.

**EXTENT OF SERVICES:** Use of funds to provide services to special populations students, including disabled students, is permissible. Under the Act, there is no set-aside funding for special populations students, including students with disabilities. Funds may be used to purchase special tools, services, equipment, reader services, etc., for students with disabilities who are enrolled in approved career and technical education programs. Services for disabled students are coordinated with other education and training programs providing services to these institutions.

**EFFECTIVENESS:** The Act requires that those accepting funds meet accountability requirements. These requirements include performance indicators that are reported for the total population and for each special population group. Over time, failure to meet the accountability performance indicators can result in loss of funds. The performance indicators:

- academic achievement
- vocational technical achievement
- placement
- participation in, and completion of, nontraditional programs by gender.

## Department of Human Services

### ADULT COMMUNITY PLACEMENT

**PROGRAM/SCOPE:** The goal of the Adult Community Placement (ACP) Program is to provide services that assist in achieving the least restrictive community based care settings for adults who require care in licensed community placement: Adult foster care (AFC facilities), homes for the aged (HA), or nursing care facilities. ACP works to maximize independence and self-determination for program recipients by assisting in maintaining connections with family, other community members and community activities.

**ELIGIBILITY:** DHS Adult Services workers provide program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Most clients are Medicaid eligible and receive Supplemental Security Income (SSI).

**EXTENT OF SERVICES:** The monthly average number of ACP adults in FY 2005 was 5,151, down 260 cases from the previous year. ACP caseload levels have decreased (year-to-year) due to a payment disparity between the combined SSI and Medicaid supplemental rates (\$890.88 per month), and relatively higher private care rates that typically start at \$1,200 per month. The payment disparity provides a provider incentive to offer placements to private pay families and individuals. Also, clients are being served longer in independent settings with services from such programs as Independent Living Services and Waiver Services. Due to the reduction in staff, ACP workers have experienced a 200 percent increase in caseload since FY 2001.

**EFFECTIVENESS:** The ACP Program provides pre-placement services and assistance with placement for adults who need care in licensed community placement settings (adult foster care facilities, homes for the aged, and nursing care facilities).

Post-placement/follow-up services are provided, as are transitional services for individuals relocated when nursing homes close. DHS collaboratively works within multi-agency protocols for emergency and non-emergency nursing home, adult foster care and homes for the aged closures where teams (including DHS Adult Services caseworkers) are alerted and brought in to assist clients residing in the home. The goal is to reduce transfer trauma and support clients in locating and moving into another nursing home or an alternative, safe living environment. Through these protocols, we have safely relocated 2,742 clients from 36 nursing home closures between 1998 and 2005 and, in 2005, 200 clients from 29 AFC/HA licensure closures.

Specific ACP Program services include case management, counseling, education and training, health related services, information and referral, money management, pre-placement services, post-placement services and protection.

As seen in the following chart, slightly over one-third of AFC and home for the aged clients are over 65 and just under two-thirds are between 21 and 65 years old.

## **ADULT FOSTER CARE LICENSING**

**PROGRAM/SCOPE:** In Michigan, Adult Foster Care (AFC) Homes are authorized, defined and regulated under the provisions of P.A. 218 of 1979, as amended, the Adult Foster Care Facility Licensing Act. This act regulates homes in the categories of: 1) family homes (private home up to six residents); 2) small group homes (up to 12 residents); 3) large group homes (13 to 20 residents); and 4) congregate care facilities (facilities with 21 or more residents).

Licensing, oversight and regulation of these homes are the responsibility of the Michigan Department of Human Services. As defined by the act, foster care is defined as “the provision of supervision, personal care and protection, in addition to room and board for 24 hours a day, five or more days per week and for two or more consecutive weeks for compensation.” Though the AIS/MR program was eliminated these facilities continue to be inspected under the certification of specialized program rules, in addition to the adult foster care and fire safety administrative rules.

**ELIGIBILITY:** All homes meeting the definition of Adult Foster Care must be licensed.

**EXTENT OF SERVICES:** Michigan has 4,382 licensed AFC homes serving approximately 33,644 adults. Of these, 1,218 are family, 2,655 are small group, 496 are large group, and 11 are congregate. The 43 licensing field consultants handled about 439 original and 1,877 renewal license applications and 1361 complaints in fiscal year 04/05.

**EFFECTIVENESS:** PA218 requires biennial license inspections. Interim inspections are only conducted when facilities are on a provisional license. Facilities licensed for 7+ are also inspected annually by the Bureau of Fire Safety, and biennially by local health authorities.

## **ADULT PROTECTIVE SERVICES**

**PROGRAM/SCOPE:** The purpose of the Adult Protective Services Program (APS), administered by the Michigan Department of Human Services (DHS), is to provide protection to vulnerable adults ages 18 years or older who are at risk of harm due to the presence or threat of abuse, neglect or exploitation. The provision of Adult Protective Services is mandated by Public Act 519 of 1982. This critical program requires extensive coordination with support from, mental health, public health, law enforcement agencies, the probate court, aging networks as well as the general public.

**ELIGIBILITY:** The program's target population includes adults (18 years or older) who are vulnerable and in danger of being abused, neglected or exploited. Income or disability are not considered for eligibility.

**EXTENT OF SERVICES:** The Adult Protective Services Program provides services to a growing number of cases. The APS average monthly caseload increased by almost 300 cases between FY 1996 and FY 2005, going from an average 2,383 to 2,678 cases per month. Total referrals grew nine percent from 12,935 in 2003 to 14,437 in 2004. On average, 69 percent are assigned for investigation with about 30 percent substantiated.

There are 118 APS workers statewide. The majority of the APS workers are also responsible for Independent Living Services and Adult Community Placement cases in addition to APS responsibilities.

**EFFECTIVENESS:** Adult Protective Services may intervene whenever abuse to persons with disabilities is suspected. For example, when an adult with a disability seeks to become more independent, family members may be reluctant to "allow" the person to move to a more independent setting. The family member may control the person's funds and fear losing the money. Adult Protective Services can provide immediate protection from this kind of exploitation as well as from abuse and neglect. They may also facilitate the adult's move toward independence by introducing the array of community services available.

## **CHILD WELFARE SERVICES-ADOPTION ASSISTANCE**

**PROGRAM/SCOPE:** The Adoption Subsidy program provides support and/or medical subsidy to adoptive to encourage the placement of special needs children (e.g., handicapped children, large sibling groups, minority children, etc.) who have been in Michigan's foster care program. Adoption Support Subsidy assists adoptive families with the costs of basic support and care for the adopted children. Medical subsidy assists adoptive parents covering the costs of necessary treatment for a physical, mental or emotional condition which existed (or the cause of which existed) prior to the adoption. Support subsidy rates are linked by law to the foster care payment rates. Adoption subsidy is a necessary tool to assist special needs children in achieving a permanent home instead of remaining in foster care.

**ELIGIBILITY:** Children are eligible if they 1) are in foster care for four months prior to adoption and receive foster care payments and 2) a reasonable search is made to place the child without adoption assistance, or the placement is the only placement in the best interest of the child, and the adoptive parent is requesting support subsidy.

**EXTENT OF SERVICES:** Adoption Subsidy has two components: Title IV-E and State Support Subsidy. Program benefits are the same for both components. Title IV-E Support Subsidy covers the cost of the support subsidy for children who meet Title IVE Foster Care eligibility requirements and have a special need. For children who do not meet the Title IV-E requirements, the State Support Subsidy is funded by TANF or by state funds depending on the income of the adoptive family. Beginning in FY 2000, the funding source is determined annually for children.

**EFFECTIVENESS:** 2,844 department wards achieved a finalized adoption in FY 2005. 90% were determined eligible for adoption subsidy. By law, unless this is the only placement in the child's best interest, efforts must be made to make a placement without a subsidy. Even when only one placement is available, the adoptive parents must specifically request an adoption support subsidy.

## **CHILD WELFARE SERVICES-FOSTER CARE**

**PROGRAM/SCOPE:** The Children's Foster Care Program provides placement and supervision of children who are temporary or permanent court or state wards. This includes children who cannot remain at home because their families are unable to provide minimal care and supervision. State wards are youth whose parents' parental rights have been terminated and who are legally free for adoption.

The Children's Foster Care Program is closely tied to the Children's Protective Services Program, Family Preservation Initiatives and the Adoption Program. The Children's Protective Services Program identifies those children who cannot be protected from abuse or neglect in their homes. Thus, this program and the family court, which must authorize the removal of the child from his home, function as the entry point for the Foster Care Program. The goal of Foster Care Programs are to ensure the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative or a permanent adoptive home.

**ELIGIBILITY:** Children are eligible, when they are determined by the Juvenile or Family Court to need foster care, and are under the care & supervision of the Department of Human Services.

**EXTENT OF SERVICES:** DHS reports that 19,110 foster care cases were open on October 1, 2005. Because of a limited data reporting system, it is difficult to know how many of these children have developmental disabilities. The MDHS is currently implementing a new data system in the state that will provide a richer data set in the coming years as it relates to child characteristics. The foster care caseload has been relatively stable for the last five years however a larger number of children are living with relatives now than they were 5-years ago.

**EFFECTIVENESS:** After approximately 10 years of a stable foster care caseload, the recent trend has been a slight decline. The DHS has moved casework services in approximately 70% of the state to a family centered model, Family to Family. Family to Family relies upon the child and family's community and support system to help assure safety, permanence and well-being is achieved. Many children are now able to be safely maintained in their homes with the services and supports they receive in the community.

The number of children placed with relatives has almost doubled since 1994, with 6,670 being placed with relatives as of October 1, 2005.



## **HOME FOR THE AGED PROGRAM**

**PROGRAM/SCOPE:** In Michigan, Homes for the Aged (HFA) is defined and regulated by Michigan licensure statute, Public Act 368 of 1978, and the Life Safety Code of Act 207, Public Acts of 1941, and its amendments. Home for the Aged means a supervised personal care facility other than a hotel, adult foster care facility, hospital, nursing home, etc., that provides room, board and supervised personal care to 21 or more unrelated, non-transient individuals age 60 or over.

A Home for the Aged includes a supervised personal care facility for 20 or fewer individuals, age 60 or older, if the facility is operated in conjunction with, and as a distinct part of, a licensed nursing home. Licensing, oversight and regulation of these homes is the responsibility of the Michigan Department Human Services.

**ELIGIBILITY:** All homes meeting the definition of Home for the Aged must be licensed.

**EXTENT OF SERVICES:** Michigan has 186 HFA homes serving approximately 14,394 residents.

**EFFECTIVENESS:** HFA licensing staff conduct annual, unannounced onsite inspections of HFA facilities. Facility Plans of Correction for cited deficiencies are reviewed, approved and monitored to assure the health and safety of residents. Homes for the Aged are also inspected annually by the Bureau of Fire Safety.

## **NURSING HOME LICENSING AND CERTIFICATION**

**PROGRAM/SCOPE:** For Michigan licensure purposes, nursing homes are defined and regulated under provisions of Act 368 of 1978 as amended (Public Health Code). The code definition is "a nursing care facility, county medical care facility, but excluding a hospital or facility created by Act 152 of Public Acts of 1985, as amended, that provides organized nursing care and medical treatment to seven or more unrelated individuals suffering or recovering from illness, injury, or infirmity." Under this definition, hospital long term units are not licensed as nursing home, but rather as part of the overall hospital license.

**ELIGIBILITY:** All facilities meeting the definition of a nursing home must be licensed. Nursing home participation in the Medicare and Medicaid programs is voluntary.

**EXTENT OF SERVICES:** Michigan has approximately 450 nursing homes, with a capacity of approximately about 51,000 beds. The statewide average resident census in those beds is about 90 percent at any given time. Regulation is accomplished through the Division of Nursing Home Monitoring, Field Services Lansing/Gaylord, and Field Services Detroit/Special Services Section. Each home is inspected an average of every 12 months and additional visits may be made for follow-up on correction of deficiencies and for complaint investigations. Complaints involving nursing homes are handled by the division of operations.

**EFFECTIVENESS:** The survey protocols for inspections of nursing homes are very detailed. They include sampling residents for detailed evaluations of adequacy of facility services in key areas such as resident quality of life, quality of care, and residential rights. Full effectiveness is constrained by survey staff reductions in recent years.

## **STATE DISABILITY ASSISTANCE**

**PROGRAM/SCOPE:** The State Disability Assistance (SDA) program, administered by the Michigan Family Independence Agency, provides subsistence level assistance to people who are unable to work and do not qualify for federally financed assistance or require additional assistance. Assistance is in the form of direct cash grants to people or to vendors. SDA is available to those whose illness is not long enough in duration to qualify them for SSI.

**ELIGIBILITY:** To be eligible for SDA an individual must:

- Have less than \$3,000 in cash, savings or checking;
- Effective July 1, 1997, autos and other non-cash assets are not counted;
- Be willing to apply for money from other sources such as SSI and SSDI, insurance, etc.;
- Meet the state disability definition; and
- The income and assets of the disabled person's spouse with whom they are living are also counted.

**EXTENT OF SERVICES:** For FY 2004 the average SDA caseload was 9997 per month, the average total statewide payment was \$2.44 million per month, and the average payment per case was \$ 244 per month.

**EFFECTIVENESS:** The SDA program can be a very important source of income for people with disabilities. It is used primarily during the SSI/SSDI application and appeals process which can continue for extended periods. While on SDA, individuals are permitted to work.

## Department of Labor and Economic Growth

### **BARRIER FREE DESIGN**

**PROGRAM/SCOPE:** Accessibility within the built environment in Michigan has long been the focus of the Michigan Barrier Free Design Law. The initial act was adopted in 1966 (P.A. 1, 1966) and revised under Act No. 177 of the Public Acts of 1975. The purpose was to expand the scope of application to include all building types where employment opportunities exist, or where services to the public were available.

This law now provides the basis for accessibility by all persons throughout all buildings and structures. The law provides for: the development of standards for construction and remodeling of buildings and structures; the investigation of complaints of noncompliance; review and approval of alternative methods of achieving compliance; and the granting of variances from the requirements.

**APPLICABILITY:** All new construction and alterations of existing buildings are required to provide for access by all persons.

**EXTENT OF SERVICES:** Through state and local code administration agencies, the requirements are applied at the time of construction. This method of administering the law includes plan reviews prior to construction, on-site inspection during construction, and a final review before occupancy is granted. Additionally, the investigation of complaints of noncompliance includes a system involving local and state code officials.

**EFFECTIVENESS:** This system of application has provided for the safe access of all buildings and structures. Staff within the Bureau of Construction Codes provide oversight for the effective administration of these regulations. The Department of Consumer and Industry Services is committed to devoting the necessary resources to assure the continued effectiveness and success of the program.

## **MICHIGAN COMMISSION FOR THE BLIND**

**PROGRAM/SCOPE:** The mission of the Michigan Commission for the Blind (MCB), which operates within the Department of Labor and Economic Growth, is to provide people who are blind or visually impaired with opportunities for employment and independence through a variety of service programs. These include:

- 1) Rehabilitation services, which include vocational evaluation, training and placement services to working age people who are legally blind;
- 2) The MCB training center in Kalamazoo that provides nearly 17,000 hours of instruction yearly in Braille, mobility, adaptive living skills and specialized technology;
- 3) The Business Enterprise Program (BEP) which licenses people who are blind to operate vending locations in private, federal and state buildings, including cafeteria operations;
- 4) The Independent Living Rehabilitation (ILR) program that provides a variety of specialized services to elderly individuals and people with multiple disabilities statewide;
- 5) The Youth Low Vision (YLV) program that purchases comprehensive low vision evaluations and specialized head borne low vision aids for youth with vision acuity of 20/70 or less;

**ELIGIBILITY:** Eligibility criteria include, a) 20/200 or less in the better eye or a vision field of 20 degrees or less, b) blindness is an impediment to employment, and c) there is a reasonable expectation that services will result in employment.

**EXTENT OF SERVICES:** The MCB consists of 100 full time employees providing statewide rehabilitation services.

**EFFECTIVENESS:** The MCB has been very effective in advocating for, and providing services to, people who are blind or visually impaired. MCB's Vision 2020 initiative is an integral part of its strategic planning and organizational development efforts. While MCB has been successful in increasing its share of federal funding under the Rehab Act, its capability to match federal appropriations with non federal dollars remains a challenge.

## **MICHIGAN COMMISSION ON DISABILITY CONCERNS**

**PROGRAM/SCOPE:** Appointed originally in 1949 by Gov. G. Mennen Williams, and established under state law by PA 11 in 1968, the Michigan Commission on Disability Concerns (MCDC) serves as the only state agency that responds to, and advocates on behalf of, issues affecting all of Michigan's 1.7 million citizens with disabilities. The 21 Governor-appointed commissioners serve in an advisory capacity and provide the perspectives of people with disabilities, the business community and education and human services.

The Commission seeks to change what it means to be a person with a disability in Michigan by promoting greater understanding of people with disabilities and their abilities. The section serves as an advocate and an information and technical assistance source to: employers; other state agencies; people with disabilities; families; and the general public. In addition, the commission provides state and federal disability civil rights training and technical assistance, as well as disability awareness training..

The complexities of information, referral and technical assistance functions have greatly increased since the passage of the American with Disabilities Act (ADA). An executive order issued by Governor Granholm in 2004 designates the commission as a partner with civil rights in the full implementation of ADA within state government.

**ELIGIBILITY:** Services are available to: Michigan's 1.7 million people with disabilities; the state's employers; public and private non-profits and all other Michigan citizens.

**EXTENT OF SERVICES:** In addition to information, technical assistance and training, the Commission also hosts the annual Michigan Youth Leadership Forum. This annual forum brings 30 high schools students with disabilities from around the state for five days of learning and sharing about disability history, culture, legal statutes, and opportunities for leadership.

The commission is the host agency for the Department of Management and Budget Supplier Diversity Program. Two full-time staff are dedicated to providing technical assistance to ensure that businesses owned, or with a controlling interest of people with disabilities, will be part of Michigan's economic growth by actively competing for and receiving a portion of state contracts.

**EFFECTIVENESS:** MCDC has been a major player in, and has had a major impact on, ADA implementation for both public and private sectors in Michigan. The agency also plays an important role in enhancing employment opportunities for people with disabilities. This is accomplished through MCDC's work in: creating important links with employers and making society aware of the strengths and abilities of people with disabilities and the economic advantages of investing in those abilities.

## **DIVISION ON DEAFNESS**

**PROGRAM/SCOPE:** The Division on Deaf and Hard of Hearing (DODHH) of the Michigan Commission on Disability Concerns, located administratively in the Michigan Department of Labor and Economic Growth, provides its services available to, the estimated one million deaf and hard of hearing Michigan residents. Services include: providing technical assistance to government and businesses on communication accessibility; interpreter service to state government agencies; qualifying interpreters; publishing the annual TTY, Service and Interpreter Directory; presenting orientation to deafness seminars; and reporting on legislation affecting the deaf and hard of hearing population. The DODHH's advisory council consists of 13 gubernatorial-appointed members, who provide a deafness and hard of hearing perspective on a variety of issues.

**ELIGIBILITY:** Although the target population is the one million people in Michigan who have hearing loss, information and assistance is available to all Michigan citizens.

**EXTENT OF SERVICES:** The DODHH qualifies approximately 200 interpreter candidates per year, and administers a continuing education program for over 400 certified and qualified interpreters.

**EFFECTIVENESS:** The Quality Assurance Interpreter program promotes accurate communication between deaf and hearing persons in Michigan schools, colleges, courts, government units and places of employment. The provision of direct interpreting to state agencies, the Legislature and the Governor assures that citizens who are deaf and hard of hearing have equal communication access to any government official or workers and vice versa.

## **Department of Career Development**

### **CLIENT ASSISTANCE PROGRAM**

**PROGRAM/SCOPE:** The Client Assistance Program (CAP) is the client rights mechanism authorized in the 1973 Rehabilitation Act as amended (The Act). Michigan Protection and Advocacy Service, Inc. was named the designated state agency for CAP in 2004 and operates CAP. CAP services are available statewide to applicants and participants in any program funded under The Act. These include: Michigan Rehabilitation Services at the Michigan Department of Labor and Economic Growth, Michigan Commission for the Blind, Centers of Independent Living, Consumer Choice Programs, Supported Employment and Transition Programs.

CAP exists to advise clients, client applicants and former clients of rights and services available to them under The Act. The major objectives of the CAP include: providing information and referral; describing and clarifying agency procedures and policy; facilitating clear and productive communication between service provider and the client-customer; receiving complaints and negotiating information resolutions when possible; representing the client-customer in the appeals process to insure fair resolution of client grievances; and identifying systems problems and recommending appropriate systemic reforms. The CAP has the authority to pursue both administrative and legal remedies. The toll-free number for CAP is 1-800-292-5896 Voice or TTY.

**ELIGIBILITY:** Current clients, client applicants or former clients of all programs under The Act including programs offered by Michigan Rehabilitation Services, Michigan Commission for the Blind, Centers for Independent Living, Consumer Choice Programs, Supported Employment and Transition Programs. Service area is statewide.

**EXTENT OF SERVICES:** During FY 2004 the Michigan CAP provided information and referral services to 140 people, provided direct representation to 276 individuals, and trained 808 individuals on vocational rehabilitation services and Title I employment provisions of the Americans with Disabilities Act.

**EFFECTIVENESS:** The Client Assistance Program responds to all requests for assistance, regardless of the surface merit of those requests. Barriers to fully serving the eligible population are limited funding/staffing and public awareness of the program's existence.



## **MICHIGAN REHABILITATION SERVICES**

**PROGRAMS/SCOPE:** The Mission of Michigan Rehabilitation Services (MRS) is to assist individuals with disabilities to achieve employment and self-sufficiency. MRS is an agency of the Department of Labor and Economic Growth and a partner in the One-Stop Michigan Works! Centers for provision of employment and training services. MRS helps people prepare for, enter, engage in, or retain employment with a variety of services that are planned to meet the needs of the customer.

Based on an assessment of eligibility and the need for services, the Michigan Rehabilitation Counselor assists the individual in developing an Individual Plan for Employment (IPE). The IPE reflects the vocational goal of the individual, specific services needed to achieve that goal, vendors selected by the customer, and time frames for completion of the plan. The counselor provides vocational counseling and guidance, and coordination of services and resources. Examples of services may include assistance with training, job placement, assistance technology, job accommodations, or physical and mental restoration. Services to businesses include job retention, return of injured workers, pre-screened worker referral, job site accommodations, ADA information, and disability awareness training.

**ELIGIBILITY:** Applicants are eligible for services if they have a physical or mental impairment that constitutes a substantial impediment to employment, and agency services are required to prepare for, enter, engage in, or retain employment. Eligibility will continue to be reassessed throughout the rehabilitation process. If at any time, the customer is no longer eligible, as indicated in clear and convincing evidence, their case will be closed.

**EXTENT OF SERVICES:** Services are provided in all 83 counties of the state through 35 MRS offices or One-Stop Michigan Works! Locations. In FY 2004, MRS served 45,410 people and helped 6,653 people find jobs. Approximately 87 percent of the people served have a disability that meets the federal criteria for significant disability.

**EFFECTIVENESS:** Over 65 percent of the people served are referred from educational, health organizations, or other individuals. Business Services reported for FY 2004 include 3045 services provided to 2407 unique business customers through 3264 contacts with businesses. The top five services to businesses included employee recruitment, employee retention, interviewing and hiring assistance, consultation on ADA, and disability sensitivity training. The average number of hours worked by customers who achieved employment was 32 hours per week. The average wage for customers who went to work was \$10.49 per hour.

## **Department of Transportation**

### **JOB ACCESS AND REVERSE COMMUTE (JARC)**

**PROGRAM SCOPE:** JARC is now a formula program instead of a discretionary program as was the case in the past. It provides funding for local programs that offer job access and reverse commute services to provide transportation for low income individuals who may live in the city and work in suburban locations. Funds are allocated through a formula based on the number of low income persons.

**ELIGIBILITY:** Program is available to public, private, and private non-profit agencies. The allocations are made to designated recipients in urban areas over 200,000 population (60% of allocation), and to the States for areas under 200,000 population (20% of allocation) and non-urbanized areas (20% of allocation). States and designated recipients must select sub-recipients competitively. The MDOT has not yet developed a timeline or methods for implementation of this program for those funds available to the state.

**EXTENT OF SERVICES:** At present there are JARC funded services in Grand Rapids, Flint, the Detroit area, and in several small rural areas. Expected federal funds coming to Michigan in FY 2006 are approximately \$4.0 million.

## **NEW FREEDOM PROGRAM**

**PROGRAM SCOPE:** New federal program funded by Section 5317 encourages services and facility improvements to address the transportation needs of persons with disabilities that go beyond those required by ADA. It provides a new formula grant program for associated capital and operating costs. Funds are allocated through a formula based upon population of persons with disabilities.

**ELIGIBILITY:** Program is available to public, private, and private non-profit agencies. The allocations are made to designated recipients in urban areas over 200,000 population (60% of allocation), and to the States for areas under 200,000 population (20% of allocation) and non-urbanized areas (20% of allocation). States and designated recipients must select sub-recipients competitively. The MDOT has not yet developed a timeline or methods for implementation of this program for those funds available to the state.

**EXTENT OF SERVICES:** This is a new program and expected federal funds coming to Michigan in FY 2006 are approximately \$2.7 million.

## **PUBLIC TRANSPORTATION SYSTEMS**

**PROGRAM/SCOPE:** Two forms of public transportation are available to people with disabilities to get to work, for errands, or for leisure activities.

They include 1) "Linehaul, or fixed route" - regular public bus service that may be available to the degree that days and hours of operation and accessibility to people with disabilities make it available, and 2) "Demand-Response" - commonly known as Dial-A-Ride. In Michigan, 22 systems provide service in urbanized areas, while 72 systems provide service in non-urbanized areas (under 50,000 population). Both urbanized and non-urbanized systems operate under Local Transportation Authorities (LTAs). Both of these systems meet the needs of people with disabilities to the degree to which they are affordable.

**ELIGIBILITY:** While the target group for public transportation services is the general population, the Americans with Disabilities Act has strengthened access rights to these systems for people with disabilities.

**EXTENT OF SERVICES:** The total ridership during FY 2004 was 85,129,692. A total of 78,620,972 rides were provided by urbanized systems in FY 2004, including 15,475,599 (20 percent) for seniors and people with disabilities. Non-urbanized ridership was 6,508,720, including 3,209,463 (49 percent) for senior and people with disabilities. Total state funding for operating and capital for FY 2004 was \$176 million..

**EFFECTIVENESS:** The public transportation system can be a powerful resource for increased independence, inclusion and productivity for people with disabilities. With appropriate implementation, the Federal Transit Act and the ADA can help assure the rights of people with disabilities to access these systems. In Michigan, these rights were also strengthened by the 1978 amendment to Act 51 which requires that 100 percent of buses for fixed-route services purchased with state support be lift-equipped and buses for demand response services must be equipped based upon input from local advisory councils comprised of seniors and people with disabilities.

Major concerns remain, however, including cost, availability and accessibility. While much of the general population may be only inconvenienced by the lack of accessible, affordable transportation, many people with disabilities find these barriers to be a serious impediment to their mobility and may result in their inability to travel altogether. Meeting the needs of all those who need transportation will continue to be a major challenge for the new millennium.

## **SERVICE INITIATIVES**

**PROGRAM SCOPE:** This program combines the goals and objectives of the former Service Development and New Technology (SDNT), Regional Service Coordination, and Ridesharing Programs. Projects are funded with a combination of federal, state and local funds.

**ELIGIBILITY:** Eligible recipients of funding in each of the three programs may include transit agencies, metropolitan planning organizations, regional planning agencies, governmental agencies, and public, private and nonprofit service providers.

**EFFECTIVENESS:** This program contributes to a balanced statewide network of public transportation services. Projects are selected based on statewide goals related to preserving basic services, generating technical improvements, and encouraging economic development. State funding for the Service Initiatives program has not been available since FY2004, however, federal funds are still available for portions of the program and several projects with statewide significance continue to move forward with federal and local funds. MDOT staff to administer the program was significantly reduced in FY2006 and as a result the future of the Service Initiatives program is uncertain.

### **Service Development and New Technology**

The Service Development and New Technology Program portion of the Service Initiatives program funds transit related projects in the areas of research, development and demonstration, training, planning and coordination, and special operational and technical projects. Proposals received for funding under this program are submitted by MDOT for federal funding and MDOT or the applicant provides the 20 percent match. Program goals include promoting and evaluating new technology, improving public safety, improving efficiency and effectiveness of public transit, identifying transit needs, encouraging coordination consolidation and regional service, increasing awareness of public transit and promoting federal/state/local/private partnerships.

**EXTENT OF SERVICES:** For FY 2004, the SDNT program funded eight transit agency projects in addition to an extensive Statewide Training Program which included the Michigan Transit Conference, Financial Management for Transit Training, a Vehicle and Equipment Seminar and others. However, due to lack of funding and staff reductions in FY 2005 and FY 2006, MDOT has not been able to provide the state match for these projects or administer the training program and have contracted with transit agencies to provide portions of the state's training.

### **Regional Service Coordination**

The second component of Service Initiatives is the Regional Service Coordination Program. This program facilitates travel across one or more county lines into areas outside of current

service areas. Projects funded in this program focus on multi-county service and are not intended for expansion of new services within the county.

**EXTENT OF SERVICES:** The Regional Coordination Program is currently unfunded. All projects that were funded in the past have now been completed and have resulted in expanded public transit in the state. We have completed some studies regarding new regional projects so if funding is restored we will have projects that are ready to move to the operational phase.

### **Ridesharing Program**

While the Regional Service Coordination Program focuses on transportation across county lines, the objective of the Ridesharing Program is to assist persons in finding alternative transportation service, offer the potential for reduced energy consumption, traffic congestion, and air pollution. Unfortunately state funding for this program was eliminated; however, we still assist agencies in securing federal funds and act as the pass through agency for funding when necessary. We also continue to sponsor the Michigan Rideshare website: [www.MichiganRideshare.org](http://www.MichiganRideshare.org)

**EXTENT OF SERVICES:** The Ridesharing Program, although no longer funded with State dollars, consists of 11 Local Rideshare Offices. Seven of the offices receive federal funding for their program activities and the other offices offer a limited service with local funds.

## **SPECIALIZED SERVICES PROGRAM**

**PROGRAM SCOPE:** Michigan's Specialized Services Program, administered through the Michigan Department of Transportation, provides both operating and capital funds for human services agencies, and public agencies, to provide transportation services to the elderly and people with disabilities.

The Specialized Services Operating Assistance Program, funded by the state, enables human services agencies and public agencies to operate vans and small buses to transport the elderly and people with disabilities to work, medical appointments, and other vital services in the community. Reimbursement to volunteer drivers for out-of-service area, non-emergency medical trips is also a covered expense under this program.

The Capital Assistance Program funded by Federal Section 5310 and state funds purchase conventional and paratransit vehicles and other equipment. This equipment provides local and regional (not intercity) transportation services. This enables greater independence for people with disabilities and the elderly in many life areas, including access to a broader choice of housing, employment, and educational and recreational options.

**ELIGIBILITY:** The program is available to private, non-profit organizations and public agencies that provide transportation to seniors and to people with disabilities. The local public transit authority or governmental agency submits an annual application to the Department of Transportation on behalf of the agencies requesting funding. Agencies must coordinate services with each other as well, as the public transit agency, in order to be eligible for this program.

**EXTENT OF SERVICES:** Michigan has 42 direct recipients participating in its specialized services program, with 104 sub-recipients. 77 agencies are currently participating in the Section 5310 Program. Ridership for the Specialized Services Program for 2004 was 1,526,848, with the elderly and people with disabilities comprising 1,454,648 (95 percent) of the total. Total FY 2006 state funding for the operating assistance program is \$3.6 million and for the capital assistance program (80 percent federal and 20 percent state match) is approximately \$4.4 million.

**EFFECTIVENESS:** Though a relatively small program, the specialized services program is a major force for transportation coordination in the state. This program enables many people with disabilities to get to places they otherwise could not go, and is clearly a very important resource. Care must be taken, however, to assure that these programs are not seen as a replacement for, or used to the exclusion of, other more conventional public systems. Whenever possible, these programs should be used as part of an overall transportation system designed to meet the needs of a general ridership.

## **Federal Programs**

### **EMPLOYMENT OPPORTUNITIES FOR DISABLED AMERICANS ACT OF 1986**

**PROGRAM/SCOPE:** Section 1619 of the Employment Opportunities for Disabled Americans Act creates a Social Security program to meet the special needs of people with disabilities who are working and whose income exceeds "substantial gainful activity" levels, but are not yet completely self-supporting. As an incentive to people with disabilities who are trying to work, Section 1619a provides special cash benefits to those whose income has exceeded SGA levels. The 1619b provides special SSI recipient status for Medicaid eligibility purposes to those workers with disabilities.

**ELIGIBILITY:** To qualify for 1619a and b work incentives, an SSI beneficiary must: 1) Show continued eligibility for the SSI program based on disabilities, i.e. he or she may not have medically improved to the point that Social Security disability criteria are no longer met; 2) For the 1619a program, gross earnings must be at, or above, \$860.00/month; 3) For the 1619b program, continuing eligibility for Medicaid purposes must be shown until earnings reach a substantially higher plateau that takes into account the person's ability to afford medical care and his or her normal living expenses.

**EXTENT OF SERVICES:** As of December 2003, 598 people were in the 1619a program and 3,143 people were in the 1619b program in Michigan. Together, a total of 3.0 percent of all SSI recipients with disabilities in Michigan, ages 18 to 64, participated in the 1619 programs. The average monthly earnings of 1619a participants in Michigan was \$1,024, and the average monthly earnings of 1619b participants was \$1,028 in Michigan.

**EFFECTIVENESS:** Because of its efforts to promote independence and productivity, 1619 is an exemplary Social Security program. To be truly responsive to the needs of people with disabilities, however, the program must: 1) be extended to recipients of SSDI; 2) fully recognize the specific needs of people with disabilities ( i.e. greater living expenses, medical expenses, etc.); and 3) increase outreach efforts to assure that all potential beneficiaries are aware of, and understand, their rights under Sections 1619a and b.



## **SOCIAL SECURITY DISABILITY INSURANCE BENEFITS**

**PROGRAM/SCOPE:** Disability insurance benefits, administered by the Social Security Administration, are a provision of the Social Security Act. The program is funded through the Social Security Trust Fund by FICA taxes from wage earners who are covered by the program. SSDI provides monthly disability insurance benefits to workers with disabilities and their eligible dependents. It also provides health care coverage under Medicare medical insurance. The amount of an individual's monthly benefits depends on the amount of wages earned by the person while working.

**ELIGIBILITY:** SSDI targets people with physical and mental disabilities who are connected to the work force. Their disability must prevent them from doing their usual work and any other work they might reasonably perform considering their age, education, past work experience and functional limitations. They must not be doing substantial gainful activity ( SGA ) of more than \$860 per month. The disability must be expected to last for a period of 12 months or to end in death. There is a five- month waiting period before benefits can begin. Children must become disabled before age 22 to qualify for benefits under the category of Childhood Disability Benefits, which are payable to the disabled adult children of Social Security beneficiaries.

**EXTENT OF SERVICES:** Through 2004, 210,590 people with disabilities in Michigan received SSDI benefits. There were 226,060 disabled workers, 9,086 disabled widows and widowers, and 36,125 disabled children receiving benefits in Michigan. Workers benefits averaged \$11,400 per year, disabled widow(ers) averaged \$8,638 and children's benefits averaged \$7,789.

**EFFECTIVENESS:** Though limited, and sometimes considerably less than the poverty level, SSDI remains an important resource for people with disabilities as it promotes a level of independence for its beneficiaries. It allows people to make choices about where they live and with whom and provides for some of the supports needed to live independently in the community.

## **SOCIAL SECURITY DISABILITY INSURANCE (SSDI) BENEFITS - MEDICARE**

**PROGRAM/SCOPE:** Medicare is a federal health insurance program administered through the Health Care Financing Administration of the Department of Health and Human Resources. It provides medical insurance protection to people who are over 65, who have been receiving SSDI for 24 months, or who have end stage renal disease. People are enrolled in the program through the Social Security Administration. Medicare consists of two parts; Part A, which includes hospitalization, skilled nursing facilities, home health care and hospices; and Part B, which includes physician care, outpatient hospital service, diagnostic tests, ambulance service, other medical services and durable medical equipment.

**ELIGIBILITY:** Medicare coverage is available to people age 65 and older, people with permanent kidney failure, and people receiving SSDI, including disabled adult children or workers receiving a Social Security benefit. Medicare begins after receiving SSDI for a period of 24 months. People over 65 who are at or near the poverty level (income up to \$796 per month for an individual, \$1,045 for a couple) may be eligible for Qualified Medicare Beneficiary (QMB) status with premiums, co-pays and deductibles being paid by the state through the Medicare program. Those with slightly higher incomes (up to \$855 a month for an individual, \$1,145 for couples) may qualify for Specified Low-Income Medicare (SLMB). The QMB is also known as Medicare Savings for Qualified Beneficiaries.

**EXTENT OF SERVICES:** Most people receive Part A premium-free as part of their Social Security benefits. Most people pay a premium for Part B which, in 2006, is \$88.50 per month. When hospitalized, the Medicare beneficiary must pay the first \$786, then all covered services are paid for the first 60 days. Part B has an annual deductible of \$100. Once this deductible is met, Medicare generally pays 80 percent of the approved charges for physician and other medical services. Beginning in January 2006 Medicare added a prescription drug benefit program, Part D, it is available to all persons who are eligible for Medicare regardless of age or income. The average Premium is 27.50/month, but those of limited income and resources may qualify to have all or part of their premiums, co-payments and deductibles paid.

**EFFECTIVENESS:** Although Medicare is clearly an important source for providing health care coverage for people with disabilities, it certainly cannot be considered comprehensive. Its deductibles, limited coverages and the two-year waiting period make it an important, but limited resource.

## **SUPPLEMENTAL SECURITY INCOME**

**PROGRAM/SCOPE:** Supplemental Security Income is a federally-funded program administered by the Social Security Administration under Title XVI of the Social Security Act. It provides direct cash payments to people who are 65 or older, blind or disabled. The program is needs based with specific income and resource limits. SSI is an income maintenance program to help recipients meet basic needs. In addition to a monthly check, recipients also receive automatic Medicaid eligibility through the Michigan Department of Human Services. There are also special work incentives to encourage people with disabilities to attempt work without jeopardizing needed SSI benefits.

**ELIGIBILITY:** To be eligible in 2006 , an individual living independently must have a countable income of less than \$603 a month. A couple must have less than \$904. Some income is excluded and does not count against the payment. Countable resource must not exceed \$2,000 for an individual and \$3,000 for a couple. excluded resources may include a home, household goods, a car and certain prepaid funeral expenses. Children under 18 are also eligible. Some of the income and resources of parents are considered in determining the child's eligibility for SSI.

**EXTENT OF SERVICES:** In December 2004 there were 219,337 recipients receiving SSI payments in Michigan., 202,206 of those recipients were blind or disabled. The State of Michigan supplements an individuals monthly SSI payments by \$7.00 to \$179.30 depending on the recipient's living arrangements and circumstances.

**EFFECTIVENESS:** The SSI program is clearly a critical resource for people with disabilities in Michigan. It has significant advantages over state financial assistance programs in that it is less subject to political pressures, it received regular increases, and it includes automatic Medicaid eligibility.

## **HEAD START ACT**

**PROGRAM/SCOPE:** The Early Head Start/Head Start program provides comprehensive developmental services to preschool children from low income families, fostering their development and enabling them to deal more effectively with their present environment and later responsibilities in school and community life. The program may be administered by any local government, federally recognized Native American Tribe, or private non-profit agency that meets staffing and other grant application requirements. Grantee agencies may subcontract with other child serving agencies to provide services.

**ELIGIBILITY:** The target population for the program is prenatal through age 5 whose families meet the federal poverty level guidelines. Head Start can accept children with disabilities who do not meet the poverty guidelines, but at least 90 percent of enrollees in each Head Start program must meet these guidelines. At least 10 percent of the enrollment opportunities in each program must be available for children with disabilities using the criteria from P.L. 101-467, IDEA.

**EXTENT OF SERVICE:** Total enrollment for the Early Head Start/Head Start program for FY 2005 in Michigan was 37,267, with 4,215, or 11.31 percent, diagnosed as disabled. The federal Head Start allocation for Michigan was \$247,600,000, inclusive of Tribal and Migrant Head Start, Early Head Start.

**EFFECTIVENESS:** The fulfillment of the 10 percent disability requirement has always been met in Michigan. It allows many families to enroll in an inclusive setting, leading to better opportunities for a fully inclusive education in the future.

## Public Entities

### CENTERS FOR INDEPENDENT LIVING (CILs)

**PROGRAM/SCOPE:** Centers for Independent Living (CILs) are the first stop for people with disabilities and their families. They are community organizations run by people with disabilities for people with disabilities. They help individuals of all ages and all disabilities obtain whatever services they need to preserve their right to decide their own lives and to fully participate in society. CILs work to:

- Provide individual and systems advocacy
- Connect individuals with community resources
- Facilitate peer support
- Support independent living skills

Each CIL is unique and programs can vary from Center to Center. However most CIL services also include:

- Transition to community based living
- School to work transition
- Housing advocacy
- Transportation advocacy
- Leadership training

They are *consumer-driven* because people with disabilities form a majority of their governing boards, as well as a majority of their staffs and a majority of individuals in decision-making positions. They are *community-based* because they are designed and operated by people with disabilities within their local communities.

The goal of CILs is to assure that people with disabilities have the services and supports essential to make informed choices, to have personal control over their own lives, and to participate to the fullest extent possible in the everyday activities of work, home, family, and community.

CILs are authorized under Title VII of the federal Rehabilitation Act and are supported by funding from a variety of federal, state, and local sources.

**ELIGIBILITY:** People with disabilities of all ages and characteristics are eligible for IL services.

**EXTENT OF SERVICES:** There are currently 15 CILs in Michigan serving 68 counties, however, there is insufficient capacity to serve each of those counties 100%. There are currently 16 counties un-served.

**EFFECTIVENESS:** Thousands of people with disabilities are able to function as more independent members of their families and communities due to the efforts of local CILs. Increasing sensitivity to abilities, needs, and human dignity of people with disabilities testifies to the success of CIL advocacy efforts. There continues to be a critical need for funding to expand IL services and supports to currently un-served and underserved Michigan communities.

## **MICHIGAN PROTECTION AND ADVOCACY SERVICE, INC.**

**PROGRAM/SCOPE:** Michigan Protection and Advocacy Service, Inc. (MPAS) implements the federally-mandated rights protection and advocacy programs and the Client Assistance Program, including the protection and advocacy program authorized by the Developmental Disabilities Assistance and Bill of Right Act.

The mission of MPAS is to advance the dignity, equality, self-determination and expressed choices of individuals. MPAS promotes, expands and protects the human and legal rights of people through the provision of information and advocacy.

Programs services include information and referral and short term technical assistance to all eligible populations. Cases are accepted for direct representation, including litigation where they meet priorities approved annually by the board of directors. The priorities for direct representation are established each year with input from the people who are eligible for MPAS services. MPAS also provides workshops and seminars to professional and consumer groups. Current priorities include keeping people with disabilities in the community of their choice with appropriate support; improving conditions in programs, services, facilities, schools, etc.; ensuring effective futures planning for people with disabilities through transition and discharge planning; rights protection; employment opportunities.

Priorities are outcome focused and directed, not only toward individual remedies but systemic reforms.

**ELIGIBILITY:** Individuals with any disability, including people with HIV or AIDS, are eligible for MPAS services.

**EXTENT OF SERVICES:** In FY2005, 373 persons with developmental disabilities received direct representation. A total of 1,009 persons with developmental disabilities received information and referral services. Also, 2,670 people with developmental disabilities, their families and advocates were trained in self-advocacy, special education, housing and employment rights.

**EFFECTIVENESS:** Client satisfaction surveys indicate 99 percent of respondents are satisfied with the services delivered by Michigan Protection and Advocacy Services, Inc.

## ***STATE PLAN PROJECTS AND OBJECTIVES***

### ***State Plan Priority Areas***

The council, for this state plan, has adopted the areas of emphasis identified by the Administration on Developmental Disabilities to measure outcomes.

The term “areas of emphasis” denotes activities in the areas of: quality assurance, education and early intervention, child care-related, health-related, employment-related, housing-related, transportation-related, and recreation-related, and other services available or offered to individuals in a community, including formal and informal community supports, that affect their quality of life.

The areas of emphasis are defined by the Administration on Developmental Disabilities (ADD) as advocacy, capacity building and systemic change activities that:

Quality assurance activities - yield improved consumer- and family-centered quality assurance and that result in systems of quality assurance and consumer protection that include:

- (A) monitoring of services, supports, and assistance;
- (B) training in leadership, self-advocacy, and self-determination, and;
- (C) activities related to interagency coordination and systems integration that result in improved and enhanced services, supports, and other assistance.

Education activities and early intervention - mean individuals with developmental disabilities are able to access appropriate supports and modifications when necessary, to maximize their educational potential, to benefit from lifelong educational activities, and to be integrated and included in all facets of student life.

Child care-related activities - result in families of children with developmental disabilities having access to, and use of, child care services, including before-school, after-school, and out-of-school services, in their communities.

Health-related activities - mean individuals with developmental disabilities have access to, and use of, coordinated health, dental, mental health, and other human and social services, including prevention activities, in their communities.

Employment-related activities - result in individuals with developmental disabilities acquiring, retaining, or advancing in paid employment, including supported employment or self-employment, in integrated settings in a community

Housing-related activities - show results for individuals with developmental disabilities having access to and use of housing and housing supports and services in their communities, including assistance related to renting, owning, or modifying an apartment or home.

## **EM - EMPLOYMENT**

### **EM.2. Community Partnerships To Develop Effective Employment Supports.**

**Purpose:** Fund community pilots of new approaches to providing employment services and supports for people with developmental disabilities, targeted to radically increase the level of employment among people with disabilities in their communities.

#### **Project Activities:**

- A. Communities will develop coalitions that include all of the significant stakeholders necessary to bring about significant change in the level of employment among people with developmental disabilities in their communities. Coalitions may include, but are not limited to, consumers, their families, Multi-Purpose Collaborative Bodies, Community Mental Health Service Programs, Michigan Works!, Michigan Commission for the Blind, Michigan Rehabilitation Services, UCP Renaissance Project, transit authorities, schools and service clubs.
- B. The coalitions will carry out comprehensive assessments of the effectiveness of existing employment services/supports for people with developmental disabilities in their communities from an all-inclusive, holistic perspective. Partners will examine existing community relationships and attitudes, strengths, and weaknesses, and their effect on assisting people with DD to obtain and maintain jobs.
- C. Partners will develop a plan for using council grant money, their partnership and any funds they can leverage locally to assist a significant percentage of the individuals with developmental disabilities in their communities who want to work to obtain and maintain jobs of their choice. The plan must build on recommendations of Comprehensive Study of Supports for Employment project, and on existing initiatives that are successful. Bidders must demonstrate commitment from community partners, and will coordinate funding with existing resources. Projects must include products for replication and dissemination.
- D. All projects must comply with cross-project evaluation requirements.

**Target Population:** Adults with developmental disabilities who want to work. Community agencies and organizations interested in improving the employment rate for people with developmental disabilities in their communities.

**Time:** FY 2005, FY 2006, FY 2007, FY 2008

**Resources: Federal:** FY 2007, \$200,000; FY 2008, \$67,114

**Match:** To be determined.

#### **Outcomes:**

- EM.2.a** People with developmental disabilities have and keep jobs of their choice.
- EM.2.b** Critical stakeholders are informed about employment and support issues for persons with disabilities.



**Implementing Group:** Project staff, adults with developmental disabilities who want to work, and identified community partners.

### **EM.3. Cross-Project Evaluation of “Community Partnerships To Develop Effective Employment Supports.”**

**Purpose:** Evaluate the demonstration projects participating in "Community Partnerships To Develop Effective Employment Supports" by providing formative and summative evaluation across the projects, developing information that:

- A. Assists the projects in improving their operation,
- B. Allows the Council to compare the effects of different approaches in different communities, and
- C. Is suitable for dissemination to others interested in developing similar programs.

#### **Project Activities:**

- A. Evaluate the "Community Partnerships To Develop Effective Employment Supports" demonstration projects using a design that includes:
  - 1. Assistance to the projects in improving internal evaluation;
  - 2. A process for data collection across projects, to:
    - a. Assess changes in the rate of employment and job retention for people with developmental disabilities in each community,
    - b. Examine job satisfaction and the degree to which workers are getting jobs of their choice, and
    - c. Identify the factors associated with changes in employment, job retention, worker choice and job satisfaction, including community-specific factors.
  - 3. Provision of formative feedback to projects to improve model development and participant outcomes; and
  - 4. Comparison of project designs and methods, and their relationships with outcomes and participant satisfaction.
- B. Report to the Council, including data analysis and recommendations on project activities, future Council planning efforts, and implications for positive systems change in the employment arena.
- C. Develop reports suitable for dissemination that can be used by participating projects, by other communities interested in increasing employment, job retention and job satisfaction for people with developmental disabilities in their areas, and by the Council in planning of its future employment efforts.

**Target Population:** Demonstration projects participating in the "Community Partnerships To Develop Effective Employment Supports" project, the Council, Council staff and people with developmental disabilities who want to work.

**Time:** FY 2005, FY 2006, FY 2007, FY 2008

**Resources: Federal:** FY 2007, \$50,000; FY 2008, \$12,602

**Match:** To be determined.

**Outcomes:**

**EM.3.a** Evaluation design in place and functioning.

**EM.3.b.** Recommendations will be created that can be used by participating projects and the Council in future planning, and by others interested in developing similar programs.

**EM.3.c** Critical stakeholders are informed about employment and support issues for persons with disabilities.

**Implementing Group:** Grantee to be selected.

## **HO - HOUSING**

### **HO.1. Housing Work Group.**

**Purpose:**

Michigan citizens with disabilities, senior citizens and members of other vulnerable populations, including those from culturally diverse backgrounds, live in the accessible, affordable, safe housing of their choice and get the services and supports they need to participate and contribute in inclusive communities.

**Project Activities:**

A. Promote implementation of the DD Council Housing Position and Housing Advocacy Strategies in community and state level housing planning. Help advocates, people with disabilities and people from diverse cultures become involved with housing and planning organizations. Build connections with allies, especially non-disability and cultural groups. Promote the Housing Advocacy Strategies in task groups implementing the MSHDA (Michigan State Housing Development Authority) Action Plan.

B. Inform policy makers and the public about people's housing and support needs; the changes needed to enable real choice about housing and supports, and the importance of universal design and housing for a lifespan in all new housing development.

C. Promote Strategies in planning groups for the Affordable Housing Conference to get accessibility issues into the program. Encourage attendance at the Affordable Housing conference.

D. Inform people with disabilities and their allies about their options for housing and supports, and how they can get help finding and paying for housing they want and need. Collaborate with grantees and other organizations to build their capacity for assisting people with disabilities in securing housing and supports of their choice.

E. Identify new housing related DD Council grant projects

**Target Population:** Governor, legislature, the Council, persons with disabilities, advocates and families.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011.

**Resources: Federal:** \$1,500 annually.

**Outcomes:**

**HO.1.a** Critical stakeholders are informed about housing and support issues for persons with disabilities.

**Implementing Group:** Staff and Housing Work Group.

**HO.2. Finding Our Way Home.**

**Purpose:**

1. Increase the ability of adults with developmental disabilities to choose where and with whom they live by:
  - A. Raising community awareness of their housing needs, and of the services they need to take part in inclusive communities; and
  - B. Informing people with disabilities, elders, advocates, policymakers, and local decision makers about the results of institutional bias and about how more positive alternatives can be developed.
2. Help enhance coordination and awareness of available housing resources. Demonstrate incorporating the housing needs of people with disabilities, and the resources available to them, into communities' generic planning and development efforts.

**Project Activities:** The project will:

1. In the first year, compile a housing resource manual for people with disabilities and their allies. Include a mechanism for keeping it updated after the end of the grant. The manual will include programs that help people with and without disabilities to get housing, both home ownership and rental, options like home sharing, financing options, and funding supports. It will also include personal assistance and the other community-based supports and services people need to have choices about where they live.
2. Work with housing programs to raise their awareness of other resources. Help them understand how they can work together to increase people's access to the housing of their choice. Inform them about the important role of personal supports and services in making it possible for people with disabilities to take part in inclusive communities.
3. Work with selected communities to:
  - A. Develop housing plans for people with disabilities,
  - B. Incorporate them into generic community planning and development, and
  - C. Link them with the resources needed, including the personal support services that make it possible for them to choose housing outside restrictive "special" residential

settings.

- D. Coordinate with Comprehensive Housing Affordability Strategy (CHAS) plans, local continuum of care coordinating bodies, and agencies that provide the personal supports and services people with disabilities need to live in their own homes.
- 4. Provide training and technical assistance to housing development specialists in local communities, with emphasis on DD Council grantee positions. (See HO3.)
- 5. Work with organizations in those communities to train staff in housing development processes and resources. Include the skills needed to mentor people with disabilities through the processes of:
  - A. Getting and paying for the housing of their choice; and
  - B. Getting and keeping the supports they need to live in their own home.

**Target Population:** People with disabilities and their allies, programs and professionals that work with housing issues, community planners, decision makers and other stakeholders.

**Time:** FY 2006, FY 2007, FY 2008, FY 2009, FY 2010

**Resources:** Federal: FY 2007, \$100,000,; FY 2008, \$150,000; FY 2009, \$150,000; FY2010, \$150,000

**Outcomes:**

- HO.2.a: Number of people with disabilities who have homes of their choice through Council efforts.
- HO.2.b: Number of people with DD who move to less restrictive settings through Council efforts.
- HO.2.c: Number of dollars leveraged for housing for people with disabilities.
- HO.2.d: Number of banks that make mortgage funds available for people with DD to own their own homes.
- HO.2.e: Number of housing programs and policies created or improved to the benefit of people with disabilities.
- HO.2.f: Number of units of affordable, accessible housing made available for people with disabilities.
- HO.2.g: Number of self-advocates, family members and others active in systems advocacy about housing for people with disabilities.
- HO.2.h: Number of communities that have information about how to increase the availability of affordable, accessible housing for people with disabilities.
- HO.2.i: Number of entities in housing related partnerships or coalitions created or sustained as a result of project efforts.

### **HO.3. Community Partnerships.**

**Purpose:**

Increase the ability of adults with developmental disabilities to choose where and with whom they live.

- 1. Create a long-term center of expertise in each project community, where people with developmental disabilities can:

- A. Find the help they need to get the home of their choice; and
  - B. Connect with the community resources responsible for helping them get and coordinate the personal supports and services they need to have real choices about where they live.
2. Increase community knowledge of methods for developing housing that meet the needs of people with disabilities.
  3. Enhance coordination and awareness of available housing resources, including resources for assuring that people have the personal supports and services they need to live in the community.
  4. Demonstrate incorporating the housing needs of people with disabilities, and the resources available to them, into communities' housing planning and development.

**Project Activities:** Each local project will:

1. Create a center of expertise in housing development for people with developmental disabilities in the project community.
2. Support a community housing development specialist that will
  - a. Help self-advocates navigate the local process for securing the home of their choice, and
  - b. Link them with the resources needed, including resources for getting and coordinating needed personal supports and services.
3. Help the community adapt their housing systems to meet the needs of people with developmental disabilities, by:
  - a. Raising their awareness of existing resources and of ways to work together to increase access to the housing of their choice for people with disabilities.
  - b. Incorporating housing plans for people with disabilities into generic community planning and development.
  - c. Coordinating with Comprehensive Housing Affordability Strategy (CHAS) plans and the local continuum of care coordinating body.
  - d. Increasing the number of available housing units that are affordable and accessible to people with developmental disabilities.
  - e. Raising the awareness of people with disabilities, advocates and agencies responsible for providing personal supports and services about how person centered planning, individual budgets and other methods for supporting self-determination can be used to provide people with disabilities with real choice about where and with whom they live.
4. Housing development specialists will receive training, technical assistance and mentoring in housing development processes and resources through the statewide "Finding My Way Home" project and local sources.

**Target Population:** People with disabilities who want community housing. Allies, programs and professionals that work with housing issues, community planners, decision makers and other stakeholders.

**Time:** FY 2006, FY 2007, FY 2008, FY 2009, FY 2010

**Resources: Federal:** FY 2007, \$347,922; FY 2008, \$347,922; FY 2009, \$347,922; FY 2010, \$103,754

**Outcomes:**

- HO.2.a: Number of people with disabilities who have homes of their choice through Council efforts.
- HO.2.b: Number of people with DD who move to less restrictive settings through Council efforts.
- HO.2.c: Number of dollars leveraged for housing for people with disabilities.
- HO.2.d: Number of banks that make mortgage funds available for people with DD to own their own homes.
- HO.2.e: Number of housing programs and policies created or improved to the benefit of people with disabilities.
- HO.2.f: Number of units of affordable, accessible housing made available for people with disabilities.
- HO.2.g: Number of self-advocates, family members and others active in systems advocacy about housing for people with disabilities.
- HO.2.h: Number of communities that have information about how to increase the availability of affordable, accessible housing for people with disabilities.
- HO.2.i: Number of entities in housing related partnerships or coalitions created or sustained as a result of project efforts.

**HO.4. Alliance with Construction Industry.**

**Purpose:** Establish alliances between accessibility advocates and construction industry trade associations such as the Michigan Home Builders Association; unions representing the construction trades, architect's associations, realtors, educators and other appropriate organizations.

- A. Inform builders, architects, relevant educators about accessibility, visitability and universal design, in order to:
  - 1. Foster understanding and awareness of the benefits of accessibility, visitability and universal design for all people, andCreate a cooperative effort with the construction industry to increase the availability of accessible housing;
- B. Analyze potential barriers to accessibility in state legislation ,Michigan's building codes and local ordinances; develop recommendations for potential legislation or code amendments; and disseminate the resulting report to policy makers, trade associations, construction professionals, and advocates; and
- C. Develop a voluntary certification program in Michigan for private, open market homes that include basic accessibility features, like the Georgia EasyLiving Home ProgramCM

**Project Activities:** The project will:

- A. Establish alliances with construction industry trade associations such as the Michigan Home Builders Association.

Identify construction related professionals who are supportive of accessible housing.

Identify ways in which accessibility benefits all people, including benefits for construction professionals.

Identify ways to communicate with construction businesses and

- B. Develop an information package on accessibility for builders, contractors, architects, and relevant educators. The project will coordinate with other state resources to develop plans and media material. The package will include:

Information about existing requirements for accessibility in law and building codes.

Information about issues that are of concern to builders and others in the construction industry;

Examples of visitable, accessible and universal design house plans;

A comparison chart of visitability, accessibility, universal design, various legal and regulatory requirements.

- C. Present that information to the construction industry through existing training channels such as conferences and conventions, trade shows, home shows, media, and college curriculum.

- D. Analyze potential barriers to accessibility in state legislation and Michigan's building code.

With alliances within the industry, assess the impact of existing and potential legislation on construction costs and on the lives of potential customers, including people with disabilities;

Develop recommendations for potential legislation or code amendments; and

Disseminate the resulting report to policy makers, trade associations, construction professionals, and advocates

- E. Work with the construction industry in Michigan to develop a voluntary certification program in Michigan for private, open market homes that include basic accessibility features, like the Georgia EasyLiving Home Program<sup>CM</sup>1.

Research local ordinances regarding accessibility and visitability the availability of affordable, accessible housing for people with disabilities.

- F. Provide technical assistance regarding accessible and visitable housing to communities and other DD Council grantees and include them in advocacy campaign for necessary legislative changes.

**Target Population:** People with disabilities and their families and allies, ...accessibility advocates, builders, architects, realtors, relevant educators and construction industry trade associations such as the Michigan Home Builders Association; unions representing the construction trades, , decision makers and other stakeholders.

**Time:** FY 2007, FY 2008

**Resources: Federal:** FY 2007, \$80,000; FY 2008, \$80,000

**Outcomes:**

- HO.2.a: Number of people with disabilities who have homes of their choice through Council efforts.
- HO.2.b: Number of people with DD who move to less restrictive settings through Council efforts.
- HO.2.c: Number of dollars leveraged for housing for people with disabilities.
- HO.2.e: Number of housing programs and policies created or improved to the benefit of people with disabilities.
- HO.2.f: Number of units of affordable, accessible housing made available for people with disabilities.
- HO.2.g: Number of self-advocates, family members and others active in systems advocacy about housing for people with disabilities.
- HO.2.h: Number of communities that have information about how to increase the availability of affordable, accessible housing for people with disabilities.
- HO.2.l: Number of entities in housing related partnerships or coalitions created or sustained as a result of project efforts.
- HO 2.j: Number of architects and builders who agree to present an accessible, visitable house to every customer
- HO 2.k Voluntary certification program for accessible homes established with responsible agency confirmed.
- HO 2.l Increase number of accessible or visitable units in Berrien County HOPE IV project.
- HO 2.m Number of legislators willing to sign as sponsor of visitability legislation

## **ED - EDUCATION**

### **ED.1. Education Work Group.**

**Purpose:**

To advocate for creation of a unified system of public education in Michigan consistent with the practices and principles of Universal Education for all students, including students eligible for early intervention and special education services, from birth to age 26

**Activities:**

A. Educate Policy Makers. Work directly with policy makers to help them understand the goals and value of Universal Education (UE), and make policies that support UE in Michigan. Track state and federal education related initiatives and policy changes such as EducationYES!, NCLB, and Early On Redesign. Assess potential impact on UE, and take positions as needed. Inform Michigan legislators about the reasons Universal Education should be adopted by all publicly funded education. Participate in public hearings and public comment scheduled by policy makers. Inform policy makers about impact of segregation on students of color with disabilities. Recommend specific next steps to Michigan Department of Education for implementing UE policy and the direction in



which it is interpreted.

B. Develop the next steps in the multi-prong approach to end segregation in education.

C. Support provision of all needed assistive technology, removal of physical and architectural barriers, environmental/ architectural improvements and renovations in schools.

D. Collaborate with Grantees to advocate for policy changes in Early Childhood Education, to build parent and public demand for inclusion, and improve educational outcomes.

E. Identify new education related DD Council grant projects

**Target Population:** Governor, legislature, schools, Council, advocacy groups, students and families.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** \$1,500 annually.

**Outcomes:**

**ED.1.a** Critical stakeholders become informed on education issues for students with disabilities.

**ED.1.b** The Council becomes more effective at achieving its education goals.

**Implementing Group:** Work Group members, council and Staff.

**Inclusion Networks and Supports**

**Overview:** Very few Michigan schools offer inclusive education for students with DD. Families need information about the benefits of inclusion and about how to get their children with the most significant challenges included in regular education classrooms. They also need help to nurture and maintain the peer support networks that could mobilize parent demand for inclusion and make it a real option for students with DD across Michigan. The projects listed are viewed as an overall plan to enhance the self-determination of families by promoting control, choice and informing families of their options in the education arena. These projects will cooperate with the other council projects building on self-determination, including Enhance Self-determination Capacity and Mobilize Consumer Demand, Prevent Guardianship and Family-Based Preparation for Self-Determined Adulthood.

**ED.3. Technical Assistance to Parent Support Networks for School Inclusion.**

**Purpose:** To provide technical assistance for local mutual support networks of parents seeking inclusive education for their children with developmental disabilities.

**Project Activities:** The project will:

Develop a project advisory committee made up of members of the local networks who are people with disabilities and parents with interest in and commitment to inclusive schools;

Provide technical assistance to local networks in the projects funded by the DD Council

under the Parent Support Networks for School Inclusion objective;  
Provide a forum to have sites meet with each other, on a minimum, quarterly basis;  
Provide a repository of materials (articles, videos, speakers, web-sites) as resources on various topics, such as promoting approaches to inclusive education using assistive technology, accessibility and transition.

**Target Population:** Families in Parent Support Networks for School Inclusion.

**Time:** FY 2003, FY 2004, FY 2005, FY 2006, FY 2007

**Resources:** FY 2007, \$42,000 (13 sites)

**Outcomes:**

**ED.3.a** Parent support networks will have information on how to promote inclusive school programs.

**ED.3.b** Networks for School Inclusion grow and expand throughout the state.

**Implementing Group:** To be determined

**ED.4. Parent Support Networks for School Inclusion.**

**Purpose:** To build local networks for mutual support among parents who want inclusive education for their children with DD, and support those networks to:

- A. Provide information to families about the benefits of school inclusion;
- B. Help parents support each others' decisions to seek inclusive education for their children;
- C. Mobilize parental demand for school inclusion, and promote development of inclusive classrooms with appropriate supports for students with DD.

Networks should be established with the long-term objective of supporting establishment of additional mutual support networks in other areas, ultimately making parent support available and mobilizing demand for school inclusion statewide. Demonstration networks will be located in rural, medium sized and urban communities.

**Project Activities:** The grantees will:

- A. Develop a parent network for inclusive community schools;
- B. Educate their community about promising inclusive practices in the applicant's community;
- C. Influence local school funding mechanisms toward support for full inclusion;
- D. Promote parent attendance at coalition meetings by providing pay for respite.;
- E. Carry out local public information campaigns about the benefits of inclusive education for all children, and
- F. Coordinate with and provide support to other DD Council self-determination efforts with their campaigns to mobilize support for inclusive, self-determined oriented practices.

**Target Population:** Families that are interested and ready for capacity building to support students with developmental disabilities in their neighborhood schools.

**Time:** FY 2003, FY 2004, FY 2005, FY 2006, FY 2007

**Resources:** FY 2007, \$80,000

**Outcomes:**

**ED.4a** More parents will have information on inclusive education options.

**Implementing Group:** To be determined

## **ED.6. Universal Education Summit.**

**Purpose:** To create a multi-prong action strategy to advocate for education systems change, bringing together stakeholders who will commit to specific actions that will result in the adoption of Universal Education in Michigan. The Summit will be the first step in that process.

**Project Activities:** The project will:

- 1) Create a Steering Committee to plan the Summit:
  - a) Be composed of a diverse group of advocates who are highly committed to inclusion, including education professionals, MDE staff, self-advocates and family members.
  - b) Select and contract with a highly skilled facilitator to lead the planning and Summit processes.
  - c) Assess the results of the MDE Universal Education Referent Group and other policy statements, and springboard from those results as appropriate.
  - d) Use the successful December, 2003 Transportation Summit model to inform the process for creating and carrying out the Summit.
  - e) Seek partners that will provide up to 50% funding for the Summit itself.
  - f) Plan the Universal Education Summit, including:
    - i) Identify people to invite that represent all key stakeholder groups
    - ii) Plan other logistical and financial arrangements, such as the program, schedule, budget, participant costs, location, publicity, agenda, and speakers
- 2) Hire a part-time staff person to coordinate the details leading to of the Summit, including:
  - i) Provide support to the Steering Committee, such as setting up meetings, contacting and inviting participants, taking and distributing notes of the meeting, preparing materials for meetings and other support services.
  - ii) Arrange all details to successfully hold the summit, such as invitations, registrations, location, meals, publicity, agenda, printing of the program, and speakers.
  - iii) Facilitate linking between the Steering Committee members, their

organizations, and other groups that are promoting Universal Education.

- 3) Host a Universal Education Summit that will:
  - a) Bring together key stakeholders and advocacy groups that are active doers, highly committed to Universal Education.
  - b) Develop a statewide Strategic Plan for promoting Universal Education.
  - c) Result in specific groups taking the lead role in components of the effort.
  - d) Result in a critical mass of people needed for real change to take place.
  - e) Create action groups to carry out activities after the Summit.
- 4) Follow up after the Summit:
  - a) Provide staff support to the action groups.
  - b) Coordinate communication between the lead organizations and action groups.
  - c) Monitor progress of the action groups in carrying out their plans.
  - d) Mobilize people to respond in large numbers to advocacy opportunities and alerts.
  - e) Create and update a web page, listserv and associated Internet strategies.
- 5) Work closely with the Education Work Group, and bring back recommendations to the Council and other partners for next steps. These steps may include a second Summit that will include large groups of stakeholders and potential allies.

**Target Population:** Students and adults with disabilities and their allies, parents, education professionals and other stakeholders that are highly committed to Universal Education issues.

**Time:** FY 2005, FY 2006, FY 2007

**Resources: Federal:** FY 2007, \$40,000

**Outcomes:**

**ED.04** Children transitioned from early intervention and pre-school to inclusive classrooms/schools.

**ED.06** Education programs/policies created/improved.

**ED.11** People involved in systems advocacy about inclusive education.

**ED.13a.** Other – People involved in broad based collaboration for Universal Education.

**ED.13b.** Other – System advocacy strategic plans for Universal Education created.

**ED.13c.** Other – System advocacy strategic plans for Universal Education implemented.

**ED.13d.** Other – Organizations involved in specific roles in advocacy for Universal Education.

**ED.7. Evaluation of Parent Inclusion Networks.**

**Purpose:**

To evaluate the effectiveness of the Parent Network strategy in increasing parent demand for school inclusion and the impact in terms of system change at the local and state levels.

To prepare an evaluation report that:

1. Allows the Council and other stakeholders to compare the outcomes of different approaches that were used in different communities.
2. Is suitable for dissemination to others interested in developing parent inclusion networks and related strategies for system level change in school districts.

**Project Activities:** The project will:

A. Data collection and analysis

Create interview protocols, and carry out interviews all network coordinators and a sample of school personnel to obtain general perceptions and specific information about project activities suitable for comparison of the local networks.

Review grantee reports and data collected from network participants by the Parent Inclusion Network project.

Compare available data, such as MDE data, on inclusion in the local school districts before, during and after the project.

Create and implement other data collection procedures as needed to assess the impact of the project and strategies, and to make recommendations as outlined below.

B. Report on effectiveness of the project and on the various approaches of the local networks in creating system change,

Assess the effectiveness of the strategy in:

- a) identifying and reaching parents who may be open to inclusion,
- b) providing parents with information that is empowering so that they ask for inclusive building or classroom placements for their children,
- c) provide the support and so parents may become active in parent networks and in promoting Universal Education in their communities and at a statewide level.
- d) moving toward system change in educational inclusion;

Comparison of local network approaches and methods, factors that enhance or impede success in district level system change, and the relationship between those approaches and outcomes, including participant satisfaction.

Report on effectiveness, with recommendations:

- a) for improvements in parent support networks:
- b) for families and networks that are interested in increasing school inclusion in their districts,
- b) for school districts and staff that are interested in increasing inclusion in their district,
- c) best practices, listing a variety of effective strategies used statewide that model inclusion, particularly of minority students, and
- d) for future Council activities and funding.

The report will identify strategies and best practices, using a positive tone that does not identify specific individuals, networks or school systems.

**Target Population:** Parent Inclusion Networks and the statewide technical assistance project, students with disabilities and families, school staff, education policy makers and

other stakeholders.

**Time:** FY 2007, FY 2008

**Resources:** Federal: FY 2007, \$50,000; FY 2008, \$50,000

**Outcomes:**

1. Data based assessment of the effectiveness of the Council's strategy for building parent demand.
2. Identification of practices that promote or impede progress in building parent demand at the local school/district level for inclusive building or classroom placement of their child with a disability.
3. Identification of practices that promote or impede progress in building parent demand at the statewide system level.
4. Recommendations that can be used by the Council in future planning and advocacy

**ED.8. Minority Family Support to Improve Education Outcomes.**

**Purpose:** To improve educational services, retention, and postsecondary outcomes for minority children with disabilities. The project will fund minority family support programs to provide family assistance with navigating educational services (birth-26) and becoming active members of their children's educational experiences.

**Project Activities:**

- A. Minority communities will establish support programs.
- B. The support programs will provide information and referral, training, mentoring, and individual assistance to families and youth with disabilities through native languages and culturally appropriate activities and interventions.
- C. The support programs will build on the work of other education initiatives such as Everyone Together, Early Childhood, Positive Behavioral Supports and Universal Education.
- D. The minority family support programs will develop a cross-program network to share resources, experiences, and activities (e.g., speakers, conferences, train-the-trainer events).
- E. All programs will comply with cross-project evaluation requirements.

**Target Population:** Minority (as defined by race, culture, and/or economics) families, youth, and young children with developmental disabilities.

**Time:** FY 2009, FY 2010, FY 2011

**Resources: Federal:** FY 2009 – FY 2011: \$240,000 per year

**Match:** To be determined

**Outcomes:**

1. Minority families report increased involvement with their schools and increased satisfaction with their child's educational program.
2. Over identification of minority youth in special education is reduced in funded

communities.

3. Minority youth in funded communities have improved IEPs (functional, goal oriented, community referenced), are retained in educational programs throughout their years of eligibility, and achieve desired and functional postsecondary outcomes, e.g., graduation; continued education; job; own living arrangement.

## **TR - TRANSPORTATION**

### **TR.1. Transportation Work Group.**

**Purpose:** Establish and support a Transportation Work Group to develop position papers and a transportation advocacy strategy. Provide recommendations to the council on positions related to transportation issues. Educate legislators and policymakers regarding the transportation needs as well as explore opportunities to expand support services.

**Project Activities:** The project will:

- A. Develop a transportation action plan incorporating the outcomes of the Intercity Transit Study and Getting There projects and the outcome of the Act 51 reauthorization. The plan would identify barriers and appropriate strategies to improve availability, affordability, and access to urban and rural fixed route and demand/response transportation systems statewide. The action plan will recommend best practices for state, regional and local transportation systems.
- B. In the following years, strategies to implement transportation action plan.

**Target Population:** People with disabilities, aging community, state agencies, transportation providers.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011.

**Resources: Federal:** \$3,800 annually.

**Outcomes:**

TR.1.a Policymakers become informed of the transportation needs of people with disabilities.

TR.1.b Advocacy projects recommended.

**Implementing Group:** grantee, staff, council members, transportation work group

### **TR.4. Transportation Voucher Pilots.**

**Purpose:** A voucher system for transportation may provide independence for transit dependent people. Because rural areas have more miles to cover and fewer people to transport, the traditional MDOT plan for funding leaves many rural needs unmet. A voucher system for transportation, however, means every dollar spent gives someone the ride they want. Voucher systems promote independence and self-determination by putting the transportation dollars directly into the hands of the rider. The resulting consumer demand is expected to expand the growth of alternative forms of transit

service.

**Project Activities:** The project will:

- A. Create voucher programs in 4 to 6 counties that currently lack county-wide transportation.
  - 1. Develop partnerships with other area agencies/ organizations that are also working to increase transportation for people with disabilities.
  - 2. Identify and survey consumers who would like access to increased transportation options.
  - 3. Develop agreements with transit providers to accept vouchers.
  - 4. Set up rates and system for reimbursement for vouchers, and print the “voucher books.”
  - 5. Identify program managers.
- B. Recruit and train consumers with developmental disabilities in the transportation voucher program.
  - 1. Train the consumers in the use of the transportation vouchers.
  - 2. Issue the vouchers to consumers, and answer questions.
  - 3. Manage the voucher program.
- C. Develop self-advocacy skills in transportation voucher consumers.
  - 1. Provide training and opportunities in transportation advocacy.
  - 2. Develop leadership ability and skills in interested consumers.
- D. Evaluate the Transportation Voucher Pilot Program
  - 1. Survey the participants to determine their satisfaction with the program.
  - 2. Evaluate whether transportation options in the community have expanded.
  - 3. Enlist consumers to advocate for the continuation of the voucher program.

**Target Population:** People with developmental disabilities who need transportation.

**Time:** FY 2005, FY 2006, FY 2007, FY 2008, FY 2009

**Resources: Federal:** FY 2007: \$349,070; FY 2008, \$304,520; FY 2009, \$111,000

**Outcomes:**

- TR01** People have transportation services through Council efforts.
- TR03** Transportation programs/policies created/improved.
- TR04** People facilitated transportation.
- TR05** People trained in transportation.
- TR06** People active in systems advocacy about transportation.
- TR07** People trained in systems advocacy about transportation.
- TR08** Other.

## **TR.5. All Aboard: Transportation Policy 101.**

**Purpose:** Increase public involvement regarding public transportation in order to improve it. Make LACs consumer friendly and people friendly, so that members make an



impact. Make terminology and definitions clear. Local groups need education and empowerment to be effective advocates. With increased and effective consumer involvement, public transportation may be expanded and improved. In addition, another goal is to improve safety for transit users, including getting to and from the bus.

**Project Activities:** The project will include:

Marketing – get information out to the public in 4 to 6 local areas – Year 1

Basic information will be gathered, and shared with consumers.

Providers will be sought out as allies to work with on this activity.

Media will be used in order to increase public awareness.

A brochure (or booklet) will be created for each local area on this topic and disseminated.

Regional conferences – Year 2

1. Share information learned in the local areas, in 2 or 3 regional conferences. Establish a common knowledge base for transportation advocates. Make it possible for consumers to attend (stipends, help with expenses, arranging transportation, childcare, etc.) as needed.

Statewide conference – Year 3

1. Pull together consumer advocates and others to conduct advocacy training and strategize to improve public transportation in MI for persons with disabilities and others.

**Target Population:** People with disabilities and their allies, decision makers and other stakeholders. Consumers /potential consumers, senior citizens, the general public.

**Time:** FY 2007, FY 2008, FY 2009

**Resources:** Federal: FY 2007, \$50,000; FY 2008, \$75,000; FY 2009, \$55,000

**Outcomes:**

- A. More public input for public transportation, especially from persons with disabilities.
- B. More rides and /or hours of public transportation services available with fewer problems.
- C. Increased safety for public transportation riders.
- D. Convenience for riders improved by public transportation systems.
- E. Affordable public transportation.
- F. More actual consumer representation on the LACs.
- G. Policies that better reflect the goals and wishes of consumers.

## **QA - QUALITY ASSURANCE**

### **QA.7. Technical Assistance to RICCs.**

**Purpose:** Provide technical assistance and coordination to RICCs and communities, provide expertise in assigned areas of emphasis to RICCs and the council, and coordinate, monitor and help carry out goals under this section of the state plan.

**Project activities:**

- A. on-site consultation.
- B. written and phone consultation.
- C. RICC handbook.
- D. review RICC certifications and recommend approval.
- E. review reports.

**Target population:** Current and emerging RICC leadership.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources:**

**Federal:** FY2007, \$80,000; FY2008, \$80,000; FY 2009, \$80,000; FY2010, \$80,000; FY 2011, \$80,000

**Outcomes:**

**QA.7.a.** RICCs have useful and timely staff consultation.

**QA.7.b.** RICCs maintain network statewide.

**Implementing group:** DDC Community services consultant.

**QA.8. Council of RICC Chairs (CRC) meetings.**

**Purpose:** Support advocacy and information sharing among CRC members.

**Project activities:**

- A. Conduct regular CRC meetings and schedule speakers as requested by members.
- B. Hold regional meetings scheduled as RICCs determine relevant.

**Target population:** current and emerging RICC leadership.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** FY 2007-FY 2011: \$60,000 annually

**Match:** No match required.

**Outcomes:**

**QA.8.a.** Meetings are a forum for sharing information and supporting systems change advocacy.

**Implementing group:** Council staff.

**QA.10. RICC mini grants.**

**Purpose:** Using a competitive process to provide a maximum of \$10,000 per approved applicant to support one year local projects, each endorsed by one or more Regional Interagency Coordinating Committees (RICCs). The projects will focus on organizing grassroots advocacy, coordinating services, or in increasing capacity for supports for

people with developmental disabilities in a council area of emphasis.

**Project activities:**

A. Based on council area of emphasis and objectives, meet community needs in concert with local RICCs.

**Target population:** people with disabilities.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** FY 2007-FY 2011: \$48,000 per year.

**Match:** To be determined.

**Outcomes:**

QA.10.a Successful completion of projects.

**Implementing group:** grantees to be selected.

**QA.11. RICC Network Certification.**

**Purpose:** On acceptable application, certify each Regional Interagency Consumer Committee and provide up to \$4,000 per RICC to help carry out a work plan. The plan is designed to achieve systems change as determined by local priorities. Typical activities include educating and empowering consumers regarding rights and responsibilities and increasing consumer participation in all levels of policy decision-making at the local, state and federal levels. All RICCs outreach to increase the involvement of persons with developmental disabilities and their families who belong to culturally distinct populations to participate in the disability community.

**Project activities:**

- A. People with developmental disabilities are in leadership capacities.
- B. Develop and disseminate a certification packet for response by local disability groups.
- C. Review and approve as appropriate local group's response to the certification packet.
- D. Increase multi cultural participation on RICCs.

**Target population:** RICCs and people with developmental disabilities and advocates including those who belong to culturally distinct populations.

**Time:** 2005, FY 2006, FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** FY 2007, \$175,000; FY 2008, \$175,000; FY 2009, \$175,000; FY 2010, \$175,000; FY 2011, \$175,000.

**Match:** To be determined.

**Outcomes:**

**QA.11.a.** A statewide network of RICCs is established and maintained.

**QA.11.b.** RICCs are a forum for consumer directed advocacy.

**QA.11.c.** RICCs are a systems change agent

**Implementing group:** Council staff.

**QA.14. Informed Communities on Public Policy.**

**Purpose:** Provide consumers with expert knowledge to understand and take action on the many changes occurring at the national, state and local level in disability. As a result of the forum, advocate directly with the policymakers to improve the lives of persons with developmental disabilities.

**Project Activities:** The project will:

Survey for topics of interest

Send surveys through RICCs, MPAS, MACIL, SILC, MDRC, Bridges4Kids, Arc, UCP, churches, Multicultural organizations, DD Council's website, etc.

Ask questions like: "How will public policy issues affect me?" "What related issues are important to me?"

Compile survey information to determine topics for forums.

B. Provide 2-4 free forums annually for consumers and family members to obtain up-to date information from experts in the field through meetings, teleconferences, webcasts or videoconference.

1. Locate experts in the fields of interest. (Medicaid, pharmaceutical, (b)(3) waiver, housing, Freedom to Work, budget issues, how to access services, assistive technology, computer technology, aging families, customized employment, unemployment of college graduates, career opportunities, last in and first out in jobs, self-determination, etc.).
2. Work with the Public Policy Committee to establish final plans/topics.
3. Set up dates and formats.
4. Get out promotional information to publicize events.
5. Locate speakers/facilitators, meeting space, assist attendees with travel costs (scholarships), arrange for food/snacks at meeting.
6. Evaluate each forum for effectiveness.

Conduct forums

1. Videotape presentations.
2. Have attendees participate in "personal action plan" discussion from attending and hearing speakers.
3. Have actual letter writing/e-mail at the meeting to legislators, policymakers, etc. on the issues addressed at the forum.
4. Have evaluations at each location for feedback and suggestions.
5. Follow-up with participants to see whether individuals contacted legislators and policymakers.

**Target Population:** People with disabilities, their allies, decision-makers and other stakeholders.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010

**Resources:** Federal: FY 2007 – FY 2010: \$25,000 per year.

**Outcomes:**

- A. Consumers and family members will be provided opportunities to obtain information in areas of interest.
- B. Consumers throughout the state will have an opportunity to obtain up-to-date information from experts in areas of interest.
- C. Consumers and family members will become more active in direct contact with policymakers to negotiate about programs directly impacting their lives.
- D. Build a stronger self-advocacy network.
- E. Get consumers on policy discussion groups and decision-making bodies.
- F. Enhance RICC and the Council's effectiveness in systems change

**QA.15. Speak out Replication.**

**Purpose:**

To replicate successful Council projects that train and support people with developmental disabilities in public speaking, so that they can share their personal stories. Their stories are focused to address crucial advocacy issues from a personal standpoint. They provide an opportunity for people to be at the table when decisions are being made, and get their voice heard by policy makers and the general community.

**Project Activities:** The project will:

- A. Create a package that can be used to train people with developmental disabilities in public speaking skills.
  - 1. Gather materials and information from DD Council grantees and other organizations that provide training in public speaking.
  - 2. Prepare a written guide, supported by video materials, that:
    - a. Incorporates the elements of successful projects.
    - b. Include examples of people from diverse cultural and ethnic backgrounds.
    - c. Helps participants learn how their story connects to policy, and to deepen their story into policy analysis.
  - 3. Publish and distribute the training guide and support materials to interested organizations.
- B. Recruit organizations to sponsor Speak Out training in their communities.  
Create outreach materials such as brochures.  
Make presentations to potential community sponsors at conferences and directly to them in their communities.

C. Train the trainers.

Provide training in use of the model to staff and consumers in organizations that will offer the training.

D. Provide support and technical assistance to the trainers.

- a. Offer consultation on-site and off-site during the training.
- b. Arrange opportunities for speakers from multiple sites to get together to share their stories.

E. In conjunction with other Council leadership and public policy efforts, follow-up with organizations and participants to assist them to move beyond sharing their stories into leadership, civic participation, while building relationships with those that need to have people with disabilities at their table (committees, etc.) and staying at the decision table.

**Target Population:** People with disabilities and their families and allies, advocacy organizations, community organizations, decision makers and other stakeholders.

**Time:** FY 2007, FY 2008

**Resources: Federal:** FY 2007, \$60,000; FY 2008, \$60,000

**Outcomes:**

- People have improved services through Council efforts to have their voices heard.
- People have increased understanding of their own lives.
- New community collaborations created.
- Community services/programs/policies created/improved
- People received needed supports to make their views known to policymakers
- People active in systems advocacy
- People trained in systems advocacy

**QA.16. Strengthening Relationships for Diversity.**

**Purpose:**

The purpose of this program is to seek out people from diverse communities who are not participating in Council activities and ask several questions: What are their needs? Where do they now get their needs for advocacy and other services met? What do they know about the DD Council, RICCs and related groups/activities? How can we successfully link them to the Council and its related groups and activities?

**Project Activities:** The project will employ a *snowball* research design to connect with persons from diverse communities. Each of the five major racial/ethnic communities in the state will be the focus of one of the project's years of operation.

This will allow the grantee to fully explore the diversity within each of these five over-arching groups. For example, there are a number of languages, national

identities and so forth within the Asian American community, as well as in the other larger groups.

The people with whom the project begins discussions will be identified as informal leaders within their communities. For example, the “mom in your neighborhood that everyone goes to when they need to find services.” These informal leaders will act as gateways to the larger community, from which a total of 150 participants per year will be drawn.

A. Activity: In each of five years, a specific racial/ethnic community will be selected for participation in the project.

Step 1. The grantee will develop a protocol for the collection and recording of responses to the key questions identified in the project’s purpose (above).

Step 2. The grantee will select one of the five major racial/ethnic communities in the state: Arab/Chaldean American, African American, American Indian, Asian American and Latino(a)/Hispanic.

Step 3. The grantee will identify an assistant for each year, preferably a gateway from one of the subgroups within the identified community.

Step 4. The grantee and assistant will work together to:

- a. obtain appropriate translations of Council’s and related groups’ information for that community.
- b. identify needed translators for project activities in the coming year.
- c. identify informal leaders in the population centers for the that racial/ethnic community’s subgroups throughout the state. This can include, but is not limited to, participating in other events held within the community of interest.
- d. identify three to five communities throughout the state for each of the five major racial/ethnic populations.

Step 5. The grantee and assistant will meet with informal leaders and ask them to host “house parties,” inviting their friends, family members, co-workers, neighbors and other members of the community who do not currently participate in Council-related groups and activities.

Step 6. The grantee and assistant will work with informal leaders to identify appropriate refreshments and Council-related information in the appropriate language(s) for the house parties.

Step 7. At the house parties, the grantee and assistant will:

- a. provide refreshments.
- b. provide information about Council and its various activities.
- c. using a standardized protocol, ask the key questions identified in the project’s purpose (above) and record the responses.
- d. ask participants whether they can be included in a list of persons from diverse

communities to be called upon to assist in various Council activities and include those who consent.

e. ask participants whether they would be willing to host a party in the near future and obtain contact information and potential dates from those who agree to act as future “hosts.”

f. ask participants whether they would like to receive the report coming out of the house parties or other information from Council and/or its related groups and record the names and contact information with the requests.

Step 8. The grantee and assistant will schedule additional house parties until 150 active participants have been recruited.

Step 9. The grantee will record and analyze the resultant data.

Step 10. The grantee will provide Council with:

a. a summary of the findings for the year in an “annual report.”

b. a list of persons who have agreed to be called upon to assist in other Council-related activities.

c. a list of persons who have stated an interest in further contact from Council.

Step 11: Grantee will take the information obtained from the previous ~~five~~ years and develop a guide for Council and its related groups to guide further outreach efforts in diverse communities.

**Target Population:** People from diverse cultures with disabilities and their advocates, family members and friends.

**Time:** FY 2007, FY 2008

**Resources:** FY 2007, \$100,000; FY 2008, \$125,000

**Outcomes:**

1. A database listing persons from diverse cultures with knowledge of disabilities in their communities who are willing to participate in various Council-related activities.

2. A final report that:

a. identifies the needs in diverse communities.

b. describes how people from diverse cultures currently meet their needs for services related to disabilities.

c. barriers to participation in the developmental disabilities planning process.

d. recommendations for overcoming identified barriers.

**QA.17. Public Input to DD Council’s Planning Process.**

**Purpose:** To obtain public input into the Council’s planning process and develop strategies for the its grants and other systems change activities in collaboration with people with developmental disabilities, their families and advocates, state agencies, state and local service providers and state and local advocacy organizations.



**Project Activities:** Obtain input into the Council's planning process and develop systems change strategies by:

1. Collaborating with the coalition supporting Disability Voice and working through RICCs and Council workgroups, schedule and conduct regional meetings, using a town hall format and a panel of DD Council members, to gather consumer input regarding the issues, service gaps and barriers that impact the lives of people with developmental disabilities and their families;
2. Work with RICCs in the area of each regional meeting to convene a focus group, consisting of DD Council members; representatives of DD Council workgroups, people with developmental disabilities from the area, their families, advocates, and service providers; and advocacy groups and government agencies from the region. The focus group will organize the input from the town hall meeting and develop strategies to address it. In addition to recommendations to the DD Council, the focus group's strategies may include activities that can be carried out by area RICCs, local advocacy groups, service providers and government agencies;
3. Convene a state-level Strategy Team, consisting of DD Council members, people with developmental disabilities and family members, CRC representatives, Council workgroup representatives, and representatives of state agencies and state-level advocacy groups. The Strategy Team will receive recommendations from the regional focus groups; prioritize the issues identified for DD Council action; and combine and develop the recommendations into recommended strategies for the Council's next five-year state plan.
4. Develop reports from the state-level Strategy Team for each DD Council workgroup, so that each workgroup has the information received from the consumer input process and the priorities and strategies developed by focus groups and the Strategy Team. Each workgroup will then use this information to develop its section of the Council's next five-year state plan.

**Target Population:** People with developmental disabilities and their families, advocates and service providers. Advocacy organizations and state agencies. DD Council members and Council committees and workgroups.

**Time:** FY 2009, FY 2010

**Resources: Federal:** \$125,000 over two years

**Match:** To be determined.

**Outcomes:**

- CC04: Number of strategies developed to assure the next five-year state plan addresses the most important issues facing people with developmental disabilities and their families in Michigan.
- CC05: Number of people with developmental disabilities who participate in identifying issues to be address by the DD Council's state plan.

**Implementing group:** People with developmental disabilities and their families and other allies. Members of the DD Council, its committees, workgroups and RICCs. The coalition supporting Disability Voice. Grantee(s) to be selected to carry out logistics and to facilitate meetings, focus groups and the Strategy Team.

## **COMMUNITY SUPPORT**

### **CS.1. Family Support Work Group.**

**Purpose:** Maintain the family support work group to monitor implementation of the Council's family support demonstration projects and provide a statewide forum for exchange of information among state agencies, advocacy groups and parents on family support issues, as well as explore opportunities to expand awareness of family support services.

**Project Activities:** The project will provide for the council's consideration:

- A. A family support agenda.
- B. Advice to the governor on family support issues.
- C. Increase representation of minorities and of people with disabilities and their families, to increase work group diversity.

**Target Population:** Governor, legislature, providers, the council, advocates and families.

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** \$1,500 annually.

**Outcome :**

**CS.1.a.** Critical stakeholders are informed about family support issues.

**Implementing Group:** Staff and Family Support Work Group.

**Build on Michigan's Self-Determination Initiative:** This set of projects (CS.3 through CS.5) will: enhance and expand on the accomplishments of Michigan's Self-Determination Initiative, which was partly funded by the Robert Wood Johnson Foundation; address system barriers to full implementation; mobilize demand for self-determination statewide; disseminate information and advance development of supports for self-determination across Michigan. In collaboration with the Michigan Department of Community Health (MDCH), Michigan Association of Community Mental Health Boards (MACMHB), people with disabilities, their families, service providers and advocates, this initiative's purpose is to expand the available supports for self-determination, including supports for children growing into self-determined adulthood, and mobilize consumer demand to have them available statewide.

### **CS.3. Enhance Self-Determination Capacity and Mobilize Consumer Demand.**

**Purpose:** Enhance and further develop capacity for supporting self-determination in two to three of the communities affiliated with Michigan's Self-Determination Initiative and develop their capacity to carry self-determination to other parts of the state. Support dissemination teams that include people with disabilities and their family members to mobilize demand for increased and enhanced supports for self-determination, including supports for children growing into self-determined adulthood, among people with disabilities and their families and other allies throughout Michigan.

**Activities:** Using findings from Michigan's Self-Determination Initiative, collaborating with the MDCH / MACMHB training and expansion plan, and building on partnerships among Community Mental Health, Rehabilitation Services, education authorities, and other organizations that fund, provide or advocate for supports for people with developmental disabilities and their families, each Enhancement Project will, in collaboration with people with disabilities and local service providers and advocates:

- A. Enhance and further develop the community's capacity for supporting self-determination for people with developmental disabilities. They will identify, develop and implement ways to increase self-determination for current customers, expand full use of individual budgets, and increase the number of customers receiving full support for self-determination. In addition to addressing needs identified by each community's local assessment, all projects will include specific efforts to:
  1. Increase capacity to help people with disabilities develop the self advocacy skills needed to choose, negotiate, arrange and manage their own supports; to influence and advocate for others; and to participate in planning, carrying out and evaluating services and supports; and
  2. Build the support system's capacity to help people with disabilities and their families develop and support community connections and relationships outside the paid-for system of supports.
- B. Mobilize increased demand for self-determination across Michigan and assist development of statewide capacity for supporting self-determination, in collaboration with the projects implementing the initiatives described in CS.4 and CS.5 about formal/informal community supports below.
  1. Disseminating information and educational material statewide;
  2. Deploying dissemination teams across the state to provide training and technical assistance to people with disabilities and their families, service providers, advocates and community coalitions who are interested in developing their community's supports for enhanced self-determination, children's and families' supports attuned to the children's developing capacity for self-determination, and alternatives to restrictive use of guardianship in their communities. Teams will include:
    - a. People with disabilities and family members (including members of families with young children) who have received expanded supports for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination (**See CS.5. below**);
    - b. Staff members from service providing agencies that have developed capacity to support self-determination, and children's and families'

- supports attuned to the children's developing capacity for self-determination, including implementation of individual / family budgets;
- c. Representatives of advocacy organizations that have developed capacity to mobilize demand and advocate successfully for the necessary changes in policy and practice; and
- d. Expertise on minimizing the use of guardianship (**See CS.4. below**).

**Target Population:** Initially, people with disabilities and their families, and the systems of services and supports for them, in communities affiliated with Michigan's Self-Determination Initiative. Subsequently people with disabilities and their families, and the systems of services and supports for them, statewide.

**Time:** FY 2005, FY 2006, FY 2007

**Resources: Federal:** FY 2007, \$57,750

**Match:** To be determined.

**Other:** Collaborations among community agencies.

**Outcomes:**

- CS.3.a.** People with disabilities in project communities will exercise greater self-determination.
- CS.3.b.** Improvements in each project community's capacity for supporting self-determination.
- CS.3.c.** Improvements in communities' ability to help people with disabilities develop self advocacy skills, as indicated by the number of people with disabilities who get the training they need to influence the system of services and supports, according to the number trained in systems advocacy.
- CS.3.d.** Improvements in community's ability to help people with disabilities develop self advocacy skills, as indicated by the number of people with disabilities active in system advocacy.
- CS.3.e.** Improvements in community's ability to help people with disabilities and their families develop and support community connections and relationships outside the paid-for system of supports, as indicated by the number of programs and policies addressing this set of issues.
- CS.3.f.** For mobilization of increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination, people with disabilities and family members in other communities get the information they need to insist on supports for self-determination, as indicated by the number of people informed about how they can have control, choice and flexibility in receiving supports.
- CS.3.g.** For mobilization of increased demand, critical stakeholders in affiliated communities are informed about services and supports that enable self-determination and community inclusion, as indicated by the number who become better informed about how to assure consumers' control, choice and flexibility in providing services and supports
- CS.3.h.** For mobilization of increased demand, policymakers in other communities

- become better informed about the need for consumers to have control, choice and flexibility in the services and supports they need, as indicated by the number who receive information.
- CS.3.i.** Increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination.
- CS.3.j.** Additional communities across Michigan developing supports for enhanced self-determination, children's and families' supports attuned to the children's developing capacity for self-determination, and alternatives to restrictive use of guardianship.
- CS.3.k.** Additional people with disabilities and families across the state are developing more self-determined lives, including youth preparing effectively for self-determined adulthood.

**Implementing Group:** Grantees to be selected from among communities affiliated with Michigan's Self-Determination Initiative.

## **CS.8. Center for Creative Leadership.**

**Purpose:** To establish an ongoing, evolving Leadership Development Resource Center that creates an environment where people recognize their own power and organize themselves to create real improvements in the lives of persons with disabilities and their communities.

The Center will be organized for permanence, in a physical location, with real people to call, with easy access from anywhere in the state, so that people know where to find needed resources. Funding will be provided by the DD Council and other sources. People with disabilities will direct its operations.

The Center will link people to community based training so people with disabilities move into leadership positions in their community. The Center will help generic organizations learn to coordinate the supports people need. The Center will locate and provide funds to help people attend training.

The Center will offer much more than training. As people take action, they need supports, encouragement, resources, and allies. The Center will help them respond to emerging issues, by providing support and training around those issues. It will create a network of allies in the community and around the state. The result will be better, more inclusive communities for everyone.

**Project Activities:** The project will establish a Leadership Development Resource Center that will:

A. Provide a long-range infrastructure for leadership development, to include:

1. Partnerships with other advocacy and community organizations for funding, training, supports, and collaborative management.
2. Adequate funding to sustain the Center on an ongoing basis. Develop the ongoing budget, including income and spending plans. Secure funding commitments from several funding sources in addition to significant ongoing DD Council funds,

including contracts.

3. A physical location with permanent staffing.
4. People with disabilities direct its operations.
5. Principles and values that are compatible with those of the Council, such as: inclusion, community building, individual choice, diversity and cultural competence, and accessibility for people with the highest support needs.
6. Evaluation and planning based on feedback from people who use the Center and on internal and external evaluations. This includes assessment of outcomes, processes long term training results, effectiveness, efficiency, satisfaction, identification of needs and gaps, and quality improvement. The Center and its programs will change to meet the needs of people who use it, and have the flexibility to adapt as new opportunities, issues and training needs emerge.

B. Maintain and expand the Information Clearing House as the hub of an information network, including:

1. A database and processes to link individuals, opportunities, supports and information.
2. Current data about individuals.
3. Current information about organizations, training, opportunities and supports.
4. Implement processes for gathering information, recruiting emerging leaders in diverse populations, finding potential supports and supporters, and identifying leadership development opportunities and community needs.
5. Offering easy ways for people to connect with the Center to get information and support, such as calling an 800 number, email, Internet, through groups like RICCs that they are connected with, and other methods that accommodate the needs and preferences of customers. A variety of accessible formats and languages will be provided.
6. Create and distribute publicity and promotion materials, build personal relationships, networking among self-advocates and advocates, and networking between people in communities to share information about opportunities and supports.

C. Provide coordination of leadership development training:

1. Plan curriculum based on listening to what people with disabilities want and need. Find out what training and leadership development opportunities are available in local communities.
2. Use generic community organizations that provide training whenever possible.
3. Assess existing curriculum and training to assure that it is true to the vision.
4. Identify gaps that the Center will need to fill.
5. Help local or regional groups organize leadership training.
6. Create or provide training when it does not already exist.
7. Offer a wide array of options to meet individual needs as people grow in

leadership. Curriculum will cover a range from simple to complex. People will select the training that they want.

**D. Coordinate needed supports, encouragement before, during and after training:**

1. Offer an environment for networking with each other, for attacking issues together, for developing social relationships, and for working through discouragement and obstacles.
2. Identify supports that individuals need, and identify organizations that provide needed supports, so that people can attend and fully participate in training, with the supports they need.
3. Offer ways for people to obtain scholarship funds, financial supports, and internships, including linking to other sources.
4. Develop new internships within Michigan.
5. Provide follow-up after the training program, such as a point of contact for help to leaders and strategies for encouragement in ongoing advocacy activities.
6. Assure continuity in supports and follow-up as people change and grow in their leadership.
7. Support emerging leaders to serve as mentors, helping others grow as leaders.

**Target Population:** People with disabilities and their allies, community organizations that provide leadership development training, advocacy organizations, decision makers and other stakeholders.

**Time:** FY 2005, FY 2006, FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** FY 2007, \$175,000; FY2008-FY 2011, \$140,000 per year

**Outcomes:**

**CS01** Individuals receive formal/informal community supports through Council efforts.

**CS02** Dollars leveraged for formal/informal community supports

**QA02** Dollars leveraged for quality assurance programs

**CS03** Formal/Informal community supports programs/policies created/improved

**QA03** Quality Assurance programs/policies created/improved

**CS04** People facilitated formal/informal community supports

**CS05** People trained in formal/informal community supports

**QA08** People trained in leadership, self-advocacy, and self-determination

**CS06** People active in systems advocacy about formal/informal community supports

**QA06** People active in systems advocacy about quality assurance

**CS07** People trained in systems advocacy about formal/informal community supports

**QA07** People trained in systems advocacy about quality assurance

**QA09** People attained membership on public and private bodies and other leadership coalitions

**QA10** Number of entities participating in partnerships or coalitions created or sustained as a result of Council efforts

**CS09a** Other – People linked to training opportunities and supports through the Clearing House

**CS09b** Other – People who are part of a network of allies, including people with and without disabilities

**CC01** Public policymakers educated by Council about issues related to Council activities

**CC02** Copies of products distributed to policymakers about issues related to Council activities

**CC03** Members of the general public estimated to have been reached by Council public education, awareness and media activities

## **CS.9. Michigan Partners for Freedom.**

**Purpose.** The purpose of this project is to strengthen the DD Council's effort to enhance and expand self-determination in Michigan by supporting MPF's plan to:

- Rally consumer demand for self-determination across the state; and
- Support the efforts of services systems to expand and improve supports for self-determination across the state.

Michigan Partners for Freedom will work with the DD Council's current self-determination projects and build on their successes. It will use information, products and materials they have developed. It will also work with DCH and its local partners, MACMHB (the Board Association), and people with disabilities, their families, service providers and advocates.

### **Activities:**

A. Building on current MPF membership, establish a statewide Self-Determination Task Force to provide input and advise on the project on its activities. To build the task force, the group will recruit more:

1. People with disabilities and their families, including those from minorities and multicultural groups;
2. Staff of DCH and its local affiliates;
3. Advocates and groups that advocate for people with disabilities;
4. Local service providers; and
5. Interested members of the public.

The Task Force will also provide input to DCH on self-determination. It will voice concerns about the way the Department carries out self-determination and provide feedback on its materials and tools.

B. Working closely with the DD Council's existing projects, using their products and data, and building on their successes, the MPF will set up teams that will include self-



advocates, family members, service providers, advocates and members with expertise on reducing the use of guardianship. They will provide training and technical assistance to:

6. Help self-advocates and their families learn what self-determination could mean in their lives, and:
  - a. Provide information, learning materials and stories about how people's lives have changed to self-advocates, families and other advocates statewide;
  - b. Teach them to recognize tools of real self-determination and to know whether their rights are being respected; and
  - c. Help people with disabilities and their families learn to develop and support community links and contacts outside the paid-for system of supports.
7. Help CMHs and other providers and their staffs to:
  - a. Learn, value and use the tools of self-determination, and
  - b. Create the structures to support real self-determination in their communities.
8. Rally increased consumer demand for self-determination across Michigan. Help consumers and their families to express their demands in ways that support growth of statewide capacity for supporting self-determination across the state.

C. Working with the Michigan Self-Advocacy Network and local self-advocacy groups and RICCs, MPF will help people with disabilities to develop self-advocacy skills. They will include the skills to choose, negotiate, arrange and manage their own supports, to influence and advocate for others; and to take part in planning, carrying out and evaluating services and supports.

**Target Population:** People with disabilities and their families, and the systems of services and supports for them, statewide.

**Time:** FY 2006, FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** FY 2007-FY 2011: \$80,000 per year

**Match:** To be determined.

**Other:** Collaborations among state level and community organizations.

**Outcomes:**

- A. People with disabilities in project will exercise greater self-determination.
- B. Communities will have improved capacity for supporting self-determination.
- C. Communities will have improved ability to help people with disabilities develop self advocacy skills, as indicated by the number who get the training they need to influence the system of services and supports.
- D. Communities will have improved ability to help people with disabilities develop self-advocacy skills, as indicated by the number active in system advocacy.
- E. Communities will have improved ability to help people with disabilities and their families develop and support community connections and relationships outside the paid-for system of supports, as indicated by the number of new or revised programs

- and policies addressing this set of issues.
- F.** Increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination.
  - G.** Fewer full guardianships for people with developmental disabilities and increased use of less restrictive alternatives.
  - H.** People with disabilities and family members get the information they need to insist on supports for self-determination and control, choice and flexibility in receiving supports.
  - I.** Critical stakeholders in local communities are informed about services and supports that enable self-determination and community inclusion.
  - J.** Policymakers become better informed about the need for consumers to have control, choice and flexibility in the services and supports they need, as indicated by the number who receive information.
  - K.** Communities statewide develop enhanced supports for self-determination, children's and families' supports attuned to the children's developing capacity for self-determination, and alternatives to restrictive use of guardianship.
  - L.** More people with disabilities and families across the state develop more self-determined lives, including youth preparing effectively for self-determined adulthood.

#### **CS.10. Family and Supports Coordinator Meetings.**

##### **Purpose:**

On a regional basis, offer quarterly meetings of families and supports coordinators to provide and share consistent, timely information about policy changes and family support services in order to improve access to services and supports for families of children with developmental disabilities.

**Project Activities:** The project will establish an advisory committee to provide direction on agendas, locations and other necessary consumer input. Establish and implement processes for getting meeting notices and other information into the hands of families.

Create a listserv and mailing list that includes all CMH family support coordinators and interested families.

Establish a referral agency directory of organizations and groups who may distribute materials to their constituents and families they serve. These would include CMH, ISD, state and local advocacy organizations, and the DCH Family Support Subsidy mailing list.

Provide meeting notices and materials to other organizations for distribution to their contacts list.

Organize and conduct 4 to 5 regional meetings quarterly.

To conduct regional meetings, establish agenda, select content and speakers based on input from participants

Conduct meetings at various locations to maximize the opportunities of families to participate.

Content should include speakers, a breakout session with families, Q&A session, and

opportunities for families to network with others in their area.

Select topics for meetings, including policy changes; information in the mental health code, regulations and contracts that define Family Support Services; the range and scope of family support services; and innovative and cost saving approaches.

Provide supports that enable families to fully participate, including reimbursing for costs that are not otherwise reimbursed, such as mileage and dependant care.

Develop a network of contacts including parent organizations, advocacy organizations, Department of Community Health (DCH), CMH boards, and the Michigan Association of Community Mental Health Boards (MACMHB).

Invite participants using the network of contacts.

Distribute information following the meetings to participants and through the network of contacts.

Gather data about meetings, including attendance demographics, participant satisfaction with the program and materials, and assessment of effectiveness.

**Target Population:** People with disabilities, their families and their allies, family support coordinators, decision makers and other stakeholders.

**Time:** FY 2007

**Resources: Federal:** FY 2007, \$85,000

**Outcomes:**

- A. Increase understanding and consistency of services provided
- B. Streamline the accessibility and quicken the delivery of available services and supports.
- C. Illustrate best practices and evidence-based practices
- D. At regional meetings, inform families and family supports coordinators about policies affecting families

## **CS.11. Including our Neighbors.**

**Purpose:**

To create neighborhood level ownership of the issue of inclusion for people with disabilities, particularly for people with the highest support needs. The project will build caring relationships with neighbors that improve quality of life, social networks, housing, employment and other outcomes, while supporting people with disabilities in being contributing members of their communities.

**Project Activities:**

- A. Each local project will work within a small community, or within a neighborhood in a larger community, to plan and carry out community building projects and activities that:

- :
  - 1. Are implemented by grassroots neighborhood or community groups in conjunction with people with disabilities and their allies, using resources and

relationships of existing formal collaboration groups such as Workforce Development Board, PTA, local government, or Human Services Collaborative Body (HSCB.)

2. Are based on strengths, opportunities, needs and gaps identified using a community scan or resource mapping.
3. Are based on principles of local control, self-help and collective action with a clear public benefit.
4. Encourage widespread participation, including people with disabilities, in planning and implementing the activities.
5. Provide supports needed for full participation by people with disabilities, including people with the highest support needs.
6. Promote interaction and strengthen relationships among diverse members of the community. Engage people with disabilities, adults, youth, families, seniors, racial and ethnic groups, public and private service providers, employers, education institutions, faith-based and community-based organizations, and community leaders.

B. The project will build on relationships developed to help people with disabilities:

1. Secure or create employment.
2. Locate housing with needed supports.
3. Expand their caring relationships and circles of support.
4. Access civic and recreation opportunities.
5. Garner community support for public policy and system changes and services such as health care, public transportation and supportive housing that improve the quality of life for people with disabilities and their communities.

Approximately 18 neighborhood projects will be funded for up to 3 years each, and up to \$15,000 per neighborhood per year. Start times may vary from project to project.

Large communities may apply for funding for up to 6 projects, with each project in a different neighborhood. The grantee in those communities will provide needed coordination among the projects.

**Target Population:** People with disabilities and their families, friends, neighbors and allies; neighborhood associations, community groups and similar organizations; decision makers, community leaders and other stakeholders.

**Time:** FY 2009, FY 2010, FY 2011, FY 2012, FY 2013.

**Resources: Federal:** FY 2009, \$78,000; FY 2010, \$156,000; FY 2011, \$234,000; FY 2012, \$156,000; FY 2013, \$78,000

**Outcomes:**

New collaborations/programs/projects created in neighborhoods.  
Increased involvement of neighbors in the lives of people with disabilities.  
Increased interaction among people within a neighborhood or community.  
Increased employment of people with disabilities.

Increased number of people joining organizations.  
Increase in number and strength of the individual's support circle.  
Increased community understanding of people with developmental disabilities and their contributions to the community.  
The system will shift its focus from a system-centered approach to a community-centered approach.

## **CS.12. Families and Individuals Planning for their Futures.**

**Purpose:** To fund a community pilot project in six geographical regions across the state to ensure that caregivers, including persons from diverse cultural backgrounds, have the resources and support they need to plan for the future of a family member with a developmental disability when they no longer can provide the care.

The six geographical regions must include Upper Peninsula, Northern lower Michigan, Central Michigan, Eastern lower Michigan, Western lower Michigan and the Thumb area.

**Project Activities:** This project will:

### First Year

- A. Establish and implement processes for recruiting family members and caregivers to participate in workshops and for distributing meeting notices and other information to them.
- B. Research and collect resources on future planning.
- C. Working with the Regional Interagency Consumer Committees (RICCs), identify stakeholders as resource experts in the community in each of the six geographical regions across the state. Stakeholders may be advisors, teachers and/or speakers at the planning for the future workshops.
- D. Develop a toolkit in multiple languages containing planning for the future resources. The toolkit should include each of the four recommended key activities: lifestyle, legal, financial, and government benefits.

### Second Year

- E. Organize six free workshops, each within the specified six geographical regions, for caregivers to obtain information from experts on future planning and receive hands-on experience writing a plan.
  - 1. Set up dates and formats of workshops.
  - 2. Create and disseminate promotional material to publicize workshops.
  - 3. Locate speakers, meeting space, provide stipends for each family for travel costs, and arrange for food at the meetings as needed.
- F. Conduct workshops
  - 1. Speakers will provide information on future planning that includes the four recommended key activities.
  - 2. Hold a question and answer session.
  - 3. Attendees will participate in writing a plan for their family member.
  - 4. Provide materials and assistance to families in writing a plan.

5. Provide a toolkit for each family to take home.
6. Have evaluation forms at each workshop for suggestions and feedback.
7. Create and maintain a database of attendees for follow-up. Names should be given to DD Council for future outreach activities.

G. Disseminate toolkits to those families who could not attend the workshops. The toolkits should be in a user-friendly format with instructions on creating a plan.

**Target Population:** Individuals with developmental disabilities and their families, including persons from diverse cultural backgrounds and other stakeholders.

**Time:** FY 2010, FY 2011

**Resources: Federal:** FY 2010, \$75,000; FY 2011, \$125,000

**Match:** To be determined.

**Outcomes:**

- A. Caregivers educated on how to plan for the future care with the family member with a developmental disability, ensuring the wishes of the family member are respected.
- B. Critical stakeholders are informed about resources and support for future planning for their family member with respect to their wishes.
- C. Caregivers knowledgeable on how to write a plan specific to their family member's needs.
- D. Increased involvement from persons of diverse cultural backgrounds.

## HE – HEALTH

### **HE.1. Health Issues Work Group.**

**Purpose:** To increase the quality, availability and range of health care supports and services statewide.

**Project Activities:** health issues advocacy agenda and identify health issue projects for potential council funding

**Target population:** people with disabilities, advocates and families, health providers and policy makers

**Time:** FY 2007, FY 2008, FY 2009, FY 2010, FY 2011

**Resources: Federal:** \$1500 annually

**Outcomes:** Critical stakeholders are informed about health issues for persons with disabilities

**Implementing Group:** Staff and Health Issues Work Group

## HE.2. Coordinated Care Models.

**Purpose:** The purpose is to implement the following model of care coordination that reflects shared decisions, improved access, quality of services and continuity of care across the life span for persons with disabilities.

Michigan's emphasis on person-centered and family-centered planning within the mental health, developmental disabilities, and children's with special health care needs system of managed care offers a unique opportunity to demonstrate a better coordinated and cost-effective system of long-term care.

The key aspects of effective long-term supports and care coordination in the long-term care systems and/or the CMH system include:

- ◇ The values of person-centered planning, self-determination and choice for the consumers
- ◇ The broad concept of team development and monitoring of an individual plan.
- ◇ The inclusion of "non-covered" services in the development and monitoring of a plan.
- ◇ The plan is focused on the person's goals for his/her life as well as specific health promotion.

From an organizational perspective the key aspects of effective long-term supports and care coordination include:

- ◇ A structure of quality improvement.
- ◇ A useful system of data collection and analysis, including cost.
- ◇ A component of community resource development and linkages.

**Project Activities:** The project will fund 3-4 communities within in the state to pilot the proposed care coordination model described above to address the problems previously identified in this document. The pilot sites will be geographically distributed and represent both rural and urban settings. They will receive three-year grants to complete the following activities.

- (1) Identify a diverse group of at least 50 adults with disabilities who are at risk of requiring intensive health care. These individuals would include persons who frequently obtaining guidance or direction from a doctor or nurse, and regularly utilize multiple medications, medical supplies or equipment and whose health care may be easily compromised. This will focus on persons with developmental disabilities both within and outside the CMH system and additionally may include individuals with other disabilities with complex health care needs.
- (2) Implement the above model of care coordination. The "ideal project" would include a partnership between a local CMSHP and/or Area Agency on Aging, a health care system/clinic/physician and a long-term care or supports provider to develop the proposed system of care coordination. The partnership should also include consumer representation in the planning and implementation of the model. However, any community that could demonstrate the capability to implement the model without one

of the ideal partners would qualify for assistance. The proposed ideal partnership would allow the projects to utilize the CMHSP to provide care coordination for persons within their system and the health systems/long-term care provider(s) would develop the same care coordination system within their systems.

- (3) Monitor the impact of care coordination on costs and consumer health care outcomes including access to preventive care.
- (4) Agree to participate in a study that compares this care coordination model with other models

This project will produce at least two replicable, operational models of care coordination. Applicants will provide a summative report that identifies the structure of model, who it is effective for and steps for replication. In addition, the projects will identify sustainability strategies in the project communities and for future replication.

**Target Population:** The target population(s) for the project is a diverse group of persons with disabilities at a risk of high health care utilization. This will focus on persons with developmental disabilities both within and outside of the CMH system and additionally may include individuals with other disabilities with complex health care needs.

**Time:** FY 2006, FY 2007, FY 2008, FY 2009

**Resources: Federal:** FY 2007, \$244,106; FY 2008, \$161,404; FY 2009, \$100,000

**Outcomes:**

- HE01** People have needed health services through Council efforts
- HE02** Dollars leveraged for health services
- HE03** Health services programs/policies created/improved
- HE04** People improved health services
- HE05** People trained in health services
- HE06** People active in systems advocacy about health services
- HE07** People trained in systems advocacy about health services

**Implementing Group:** Grantees to be determined.

### **HE.3. Cross Project Evaluation of Coordinated Care Models.**

**Purpose:** The purpose is to evaluate projects participating in “Models of Service and Supports Coordination in Michigan’s Long-Term and Community Mental Health Systems” that reflect shared decisions, improved access, quality of services and continuity of care across the life span for persons with disabilities.

Michigan’s emphasis on person-centered and family-centered planning within the mental health, developmental disabilities, and children’s with special health care needs system of managed care offers a unique opportunity to demonstrate a better coordinated and cost-effective system of long-term care.

The key aspects of effective long-term supports and care coordination in the long-term care systems and/or the CMH system include:



- ◇ The values of person-centered planning, self-determination and choice for the consumers
- ◇ The broad concept of team development and monitoring of an individual plan.
- ◇ The inclusion of “non-covered” services in the development and monitoring of a plan.
- ◇ The plan is focused on the person’s goals for his/her life as well as specific health promotion.

This project will provide formative and summative evaluation across each site, developing information that:

- A. Assists the project sites in improving their operation,
- B. Allows the Council to compare the effects of different approaches in different communities,
- C. Is suitable for dissemination to others interested in developing similar programs.

### **Project Activities:**

- A. Evaluate the “Models of Service and Supports Coordination in Michigan’s Long-Term and Community Mental Health System” demonstration projects using a design that includes:
  - 1. Assistance to the projects in improving internal evaluation;
  - 2. A process for data collection across projects to:
    - a. Assess changes in the target population health in each community,
    - b. Examine satisfaction with health and long term supports and services and the degree to which consumer choice/self-determination/person-centered planning impacts services, including “non-covered” services,
    - c. Measure quality improvement,
    - d. Identify steps for community resource development and linkages,
    - e. Monitor the impact of care coordination on costs and consumer health care outcomes including access to preventive care,
    - f. Compare this care coordination model with other models.
  - 3. Formative feedback to projects to improve model development and participant outcomes;
  - 4. Comparison of project designs and methods, and their relationships with outcomes and participant satisfaction.
- B. Report to the Council, including data analysis and recommendations of project activities, future Council planning efforts, and implications for positive systems change in the health arena.
- C. Develop reports suitable for dissemination that can be used by participating projects, by other communities interested in improving health services, health outcomes and

health satisfaction for people with developmental disabilities in their areas, and by the Council in planning of its future health efforts.

**Target Population:** Demonstration projects participating in the “Models of Service and Supports Coordination in Michigan’s Long-Term and Community Mental Health System”, the Council, Council staff and a diverse group of persons with disabilities at a risk of high health care utilization. This will focus on persons with developmental disabilities both within and outside of the CMH system and additionally may include individuals with other disabilities with complex health care needs.

**Time:** FY 2006, FY 2007, FY 2008

**Resources: Federal:** FY 2007, \$50,000; FY 2008, \$50,000

**Match:** To be determined.

**Outcomes:**

**HE.3.a** Evaluation design in place and functioning.

**HE.3.b** Recommendations will be created that can be used by participating projects and the council in future planning, and by others interested in developing similar programs.

**HE.3.c** Critical stakeholders are informed about health and support issues for peoples with disabilities.

**Implementing Group:** Grantee to be determined.

**HE.4. Michigan Oral Health Needs Assessment.**

**Purpose:**

- Conduct a statewide needs assessment using regional forums and/or other means (e.g. phone survey, web site, etc.) to gather information on the oral health needs of persons with developmental disabilities.
- Analyze data gathered by region and contrast with national statistics.
- Use information to develop a comprehensive State Oral Health Plan and Oral Disease Burden document.
- Develop an action plan for disability and oral health advocates to promote responsive oral health public policy and an effective delivery system for adults and children with developmental disabilities.
- Provide advocacy support for implementation of the action plan.

**Project Activities:** The grantee will:

- A. Conduct a statewide needs assessment about the oral health needs/issues of people with developmental disabilities. The forum target audience includes people with disabilities, their families, advocates and, will identify and make arrangements with local sites for each forum.
  1. work with RICCs and other disability allies to promote awareness of and attendance at the regional forums.
  2. record, compile, analyze and contrast information from each forum.

3. research national oral health data regarding people with disabilities. Contrast the national data with information gathered at the forums.

B. Partner with the Oral Health Coalition, DD Council Health Issues Work Group, MDCH and other allies to: review needs assessment and national data; develop an action plan to address the oral health needs of people with developmental disabilities, including but limited to, provider awareness and education; provide advocacy support for implementation of the action plan.

**Target Population:** People with disabilities and their allies, Oral Health Coalition, oral health providers, policy makers, legislators and other stakeholders.

**Time:** FY 2007, FY 2008, FY 2009

**Resources: Federal:** FY 2007 \$75,000; FY2008 \$50,000; FY 2009 \$50,000

**Outcomes:**

- Forums held, data collected and analyzed.
- Data analysis reviewed financial and health implications of current funding/Medicaid policy (e.g. emergency room visits, hospitalizations, long term oral and overall health, decreased employment options/earnings, etc.).
- Stakeholders reviewed data and developed an action plan which includes, but is not limited to, provider awareness and education.
- Action plan developed and disseminated to Oral Health Coalition, RICCs and other disability advocacy organizations such as CILs, Arcs, UCP, etc., other stakeholders and policy makers.
- Advocacy support provided for implementation of action plan.
- Improved collaboration and partnerships between disability advocates and other allies.
- Consumers' increased activity in systems advocacy about oral health services.
- Health care providers' expanded: knowledge of the best practices in serving people with disabilities and concepts of systems advocacy and self-determination; sensitivity to the needs and accommodations required by people with disabilities.
- Routine feedback and communication with the Health Issues Work Group provided the WG with information and opportunities to support the action plan.

## Memorandum of Assurances

To: ADD Central Office/Gena Miller  
Administration For Children and Families  
Attn: Developmental Disabilities Specialist  
Re: Assurances Under Subtitle B of the Developmental Disabilities Assistance and Bill of Rights Act

We hereby make assurance that the Michigan Developmental Disabilities Council will, for the period October 1, 2006 to September 30, 2011 be and remain in compliance with all required assurances in Section 124(c)(5) specified in **SUBTITLE B--FEDERAL ASSISTANCE TO STATE DEVELOPMENTAL DISABILITIES COUNCILS** of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15001 et seq.) P.L. 106-402

Print name of signatory authority: Janet Olszewski

Signature of signatory authority: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

### **IN GENERAL [Section 124(c)(5)(A)]**

The plan shall contain or be supported by assurances and information described in subparagraphs (B) through (N) that are satisfactory to the Secretary

### **B. USE OF FUNDS [Section 124(c)(5)(B)(i)-(vi)]**

With respect to the funds paid to the State under section 122, Michigan assures that-

- (i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);
- (ii) such funds will contribute to the achievement of the purpose of this subtitle in various political sub-divisions of the State;
- (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would other-wise be made available for the purposes for which the funds paid under section 122 are provided;
- (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
- (v) part of such funds will be made available by the State to public or private entities;
- (vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any

fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

- (I) contribute to the achievement of the purpose of this subtitle; and
- (II) are explicitly authorized by the Council.

**(C) STATE FINANCIAL PARTICIPATION [Section 124(c)(5)(C)]**

Michigan assures that there will be reasonable State financial participation in the cost of carrying out the plan.

**(D) CONFLICT OF INTEREST [Section 124(c)(5)(D)]**

Michigan assures that no member of such Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

**(E) URBAN AND RURAL POVERTY AREAS [Section 124(c)(5)(E)]**

Michigan assures that special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

**(F) PROGRAM ACCESSIBILITY STANDARDS [Section 124(c)(5)(F)]**

Michigan assures that programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

**(G) INDIVIDUALIZED SERVICES [Section 124(c)(5)(G)]**

Michigan assures that any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

**(H) HUMAN RIGHTS [Section 124(c)(5)(H)]**

Michigan assures that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

**(I) MINORITY PARTICIPATION [Section 124(c)(5)(I)]**

Michigan assures that the State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

**(J) EMPLOYEE PROTECTIONS [Section 124(c)(5)(J)]**

Michigan assures that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

**(K) STAFF ASSIGNMENTS [Section 124(c)(5)(K)]**

Michigan assures that the staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

**(L) NONINTERFERENCE [Section 124(c)(5)(L)]**

Michigan assures that the designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

**(M) STATE QUALITY ASSURANCE [Section 124(c)(5)(M)]**

Michigan assures that the Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

**(N) OTHER ASSURANCES [Section 124(c)(5)(N)]**

Michigan assures that the plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

## Estimated Council Budget for Fiscal Year 2007

CATEGORY	PART B\$	OTHER(S) \$	TOTAL
1. Employment	\$250,000	\$62,500	\$312,500
2. Housing	\$528,000	\$87,000	\$615,000
3. Health	\$151,500	\$37,500	\$189,000
4. Education	\$200,000	\$50,000	\$250,000
5. Child Care	\$0	\$0	\$0
6. Recreation	\$0	\$0	\$0
7. Transportation	\$3,800	\$0	\$3,800
8. Quality Assurance	\$200,000	\$49,250	\$249,250
9. Formal & Information Community Supp.	\$435,000	\$73,750	\$508,750
10. General management (Personnel, Budget/Finance/Reporting)	\$780,000	\$0	\$780,000
11. Functions of the DSA	\$50,000	\$928,400	\$978,400
<b>12. TOTAL</b>	<b>\$2,598,300</b>	<b>\$1,288,400</b>	<b>\$3,866,700</b>

